

Hopeful Farm's Couples Retreat  
A Weekend of Refreshment



RETREAT APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Twitter @ \_\_\_\_\_

Emergency Contact/Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Please list any food/environmental allergies: \_\_\_\_\_

Please indicate the dates you are interested in attending. Please choose a first and second choice.  
Retreat Dates for the remainder of 2019:

\_\_\_\_\_ August 8-12

\_\_\_\_\_ September 26-28

\_\_\_\_\_ October 31- Nov 2

Names and ages of children (able-bodied and with special needs/please describe diagnosis):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your greatest need at this time?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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How do you

hope to benefit from this retreat?

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Prayer Requests:

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**Photo Consent:** I, (print name) \_\_\_\_\_, hereby grant permission to The Hopeful Farm Foundation representatives to take and use photographs and/or digital images of me for use in printed or electronic publications, websites, and other electronic and social media communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of The Hopeful Farm Foundation.

Attendees must sign here to register for this retreat: \_\_\_\_\_

*By signing, I waive all my rights to legally hold The Hopeful Farm Foundation and/or the retreat facility responsible for any injury or damages.*

Retreat Location:

**The Farmette**  
**2160 Shun Pike**  
**Nicholasville, KY 40356**

Questions, comments, concerns: [info@hopefulfarm.org](mailto:info@hopefulfarm.org), or call Claire Crosby at (847) 613-5715