

RETREAT DEBRIEF REPORT

First Name:

Last Name:

Email:

(Note this address will receive a confirmation email)

Phone:

Mailing Address:

Retreat Location:

Date of Retreat:

Pre-Retreat: How would you describe your state of wellness (heart, mind, soul, strength) before you arrived? (Ex: weary, lonely, anxious, etc.):

During Retreat: Did you experience any specific moment(s) during the retreat where you were inspired? Or you felt inspired? If so, please share:

During the retreat, what elements of the retreat refreshed you the most? (Ex: Guest lodging; meals; activities; relationships; length of stay; etc.).

Post-Retreat: What will be your favorite memory or key takeaway you discovered during this retreat that you want to apply to your life?

Do you have any ideas on how we can make these retreats better or more meaningful for participants. If so, please list?

Testimonial: Are you willing to write a testimony that you'd let us share on our website or on social media. If you'd prefer to remain anonymous, please indicate that desire. Please provide us with the testimonial.

Please email this completed form to John Lesnik at john@hooksofhope.org