



Dear Friend,

Welcome to a wonderful journey to healing and freedom! Deeper Still is a healing retreat specifically designed for women and men who have either had an abortion or who have participated in an abortion. We affirm and encourage your decision to seek a deeper place of healing and restoration from your past choices. Our role is to help facilitate God's healing touch in your life.

We host two weekend retreats per year. This is an opportunity for you to get apart with God, and to receive His healing love. There may be about seven (7) other women and men on a similar journey, joining you this weekend. Our retreats are held close to Atlanta, Georgia. We count it a privilege to come alongside you, and we will be praying that you receive everything you need.

Please identify your preference of a Spring or Fall retreat in the attached paperwork. Our Retreat dates can be found on our website listed below, as well as the Deeper Still of Atlanta Facebook page.

*This registration packet includes the following documents:*

- |                           |   |
|---------------------------|---|
| -This Introduction Letter | -Getting the Most from Your Retreat                       |
| -The Retreat Advantage    | -Healing Covenant   |
| -Retreat FAQ's            | -Participant Release Agreement, one page (sign & return)  |
| -Retreat Description      | -Confidential Intake Form, four pages (fill out & return) |
| -Retreat Schedule         |   |

You will need to read through all of the documents in this package. Your registration must be completely filled out and mailed to the address listed below, as soon as possible. Our retreats fill up quickly, therefore, receiving your registration forms in a timely manner is crucial. We will always maintain a waiting list in case we have cancellations. The forms that must be returned are **highlighted above**.

**Deeper Still of Atlanta - P.O. Box 512 Hiram, GA 30141**  
**Phone (678) 400-3869      [www.DeeperStillAtlanta.org](http://www.DeeperStillAtlanta.org)**

**When we receive your Participant Release Agreement and Confidential Intake Forms, we will confirm your registration via text/phone call. You should expect your Confirmation Packet in the mail one to two weeks prior to the Retreat. This life changing retreat is at no cost to you and is made possible through generous donations.**

The **Confirmation Packet** will contain detailed information about the retreat location and what you need to bring. If you are driving, we will send you directions. If you will be flying, your destination airport is **Hartsfield Jackson Atlanta International Airport (ATL) in Atlanta, GA, USA.**

The **Intake Form** will take some time and thought to complete. You may find that some “old” emotions and memories surface as you fill it out, this is normal, so do not be discouraged, but rather press through. These are simply indicators of places that may still need a healing touch.

There will be others attending the retreat who make up our Ministry Team. They will be serving in several capacities, such as: hospitality, prayer support, teaching, leading us in worship and facilitating personal prayer ministry with each of you. You will be blessed by the gifts and talents of many. The women and men that serve on our Ministry Team are handpicked, trained and known to us. **Our women team members only minister to our women participants and our men team members only minister to our men participants.** We can assure you that you can trust them all to be sensitive to the leading of the Lord, your needs, and your confidentiality.

**This Deeper Still Retreat will be a real milestone in your life.** God wants you to be healed, made whole, and set free to live the life He has for you. Here are a few comments made by other participants who have attended our retreat:

*“There are no words to describe the overall experience. I am still experiencing so much freedom, so much joy. I’ve been set free by the grace of God. Bless you all for helping me to find this freedom”.*

*“Before that retreat, I didn’t know if I could stand to live another day. Now, every day truly is a gift from God, beautifully packaged and full of surprises that are custom-designed to bless my life. Experiencing this new life makes me want it for everyone, but especially for women who have had so much stolen from them, as I did.”*

*“Letting go of some of my strongholds was a liberating thing. I do finally believe that God has forgiven me, my baby has forgiven me and now I can forgive myself. I can do that because what Jesus did for me was enough. Thank you for helping me see that”.*

We urge you to prayerfully consider this wonderful weekend. When you say “Yes” to the Lord, He will beautifully prepare your heart to receive all He has for you.

With great expectation of His mercy and love,

*Julie Thomas*

Executive Director

Deeper Still of Atlanta

678-400-3869

Julie.Thomas@DeeperStillAtlanta.org

# The Retreat Advantage

Our Heavenly Father is full of mercy, grace and compassion. He longs to see the wounded and grief-stricken healed and set free from their captivity. The Bible teaches in **Isaiah 61:1-3** that God has anointed us, His people, to bring good news to the afflicted, to bind up the brokenhearted, to proclaim liberty to the captives and to bring freedom to the prisoners. Further it says that we are to comfort all who mourn, to give a garland of beauty instead of ashes, to anoint with the oil of gladness instead of mourning, and to place a mantle of praise where there has been a spirit of fainting.

This scripture is the backdrop for our Deeper Still retreats.

God can bring healing to people in a variety of ways, but we have found that a retreat setting is the most conducive venue to help us go to deep places of healing in a short amount of time.

- **You get away from familiar routines & responsibilities for a whole weekend.**
- **You can stay focused on the necessary healing tasks without disengaging.**
- **You join a small community of people on a similar journey.**
- **You can relax in a beautiful and comfortable setting.**
- **You experience a Christ-centered spiritual make-over.**
- **You are part of a safe and confidential community.**
- **You are well fed from God's word.**
- **You are well fed from the wonderful food we serve.**
- **You receive deeper levels of healing and freedom.**
- **Your destiny in God is re-ignited.**
- **You go home a different person than when you came.**
- **There is no financial fee to attend this retreat.**

So, what's not to love?

If you're ready for one of the most eternally significant weekends of your life, please join us.

## Retreat FAQ's

You will find plenty of information about our Deeper Still retreats as you continue to browse, but here are a few basics.

- **Our retreats run from Friday afternoon until Sunday afternoon. If you are flying in or driving more than 4 hours, we suggest you plan to arrive on Thursday and stay the night at a hotel near the airport in Atlanta.**
- **Our Retreat Lodge is about a 1 hour and 40-minute drive from the Atlanta airport.**
- **The airport is Hartsfield Jackson Atlanta International Airport (ATL), in Atlanta, GA (USA). You need to make this airport your final destination.**
- **Atlanta, GA is on Eastern Standard Time**
- **We can accommodate about 7 participants per retreat. We cannot accommodate any friends or family members.**
- **We can arrange to give you transportation to and from the airport. You can also rent a car if you would prefer.**
- **There is limited cell phone coverage at the camp.**
- **There is no registration fee to attend this retreat**

# Retreat Description

**Friday afternoon:** The retreat starts with a welcome, introductions, and some opening remarks to set a framework and expectations for the weekend. Next, we spend some time singing and worshipping. This invites God's presence and His peace. It also prepares our hearts to be knit together.

**Friday evening:** This evening is spent in sharing our stories. This is a critical first step in the healing process. For many of you this may be the first time you will have ever openly shared your story. Some of our team members will also share a brief story from their life. Some team members have had abortions and others have not, but we all have a story of a healing journey. We believe it's important for us as team members to be vulnerable and transparent with you, even as we are asking you to do the same.

**Saturday morning:** We start the morning with worship, and then we do a teaching called - The Perfect Sacrifice. It is primarily taken from Isaiah 53, and covers the atoning work of Jesus Christ on the cross. After the teaching, a team member will lead you through a time of prayer addressing forgiveness and reconciliation.

**Saturday afternoon:** Redemptive grieving is a necessary step in the healing process. We address this issue and offer you tangible ways to connect with your lost child (ren). This gesture brings a redemptive action to your grief.

Next, we affirm the vital role of motherhood and fatherhood. Abortion damages the heart of a mother and a father. Only as your mother's heart or father's heart is spiritually reconciled to your lost child (ren) can you be free to embrace your calling to mother or father from a healthy heart. We refer to this calling as the "Mother Mantle" and the "Father Mantle". We affirm this healing step with a powerful symbol as well.

Next, we address taking responsibility for the consequences of abortion that can affect our living children, our cities, our churches, and our land. Then, we pray with you to break the common spiritual strongholds that can be erected in our lives as a result of sin and poor choices. Next is an opportunity for personal prayer ministry, or free time.

**Saturday evening:** After dinner, we do some sharing from the day. Then we spend the rest of the evening "crying out" for the restoration of the many areas of your life where you have lost hope, passion and vision. We combine our prayers with worship, and celebration of the work God has done. By this time, joy begins to spring forth.

**Sunday morning:** We end the weekend with a beautiful memorial service, communion and brunch.

For the next 2-3 weeks following the retreat, we initiate an email chat to help you continue to process your experiences. Then 4-6 weeks out after the retreat we have a reunion luncheon so that we can reconnect and share what has happened in your life since the retreat.

# Deeper Still Retreat

## *Schedule*

### Friday

2:00 - 3:00 pm	Check-in
3:00 - 3:45	Welcome & Opening Remarks
3:45 - 4:45	Why We Worship
4:45 - 5:00	Break
<b>5:00 - 6:00</b>	<b>Dinner</b>
6:00 - 6:30	Why We Share Our Stories
6:30 - 10:00	Sharing Your Story

### Saturday

<b>7:45 - 8:15 am</b>	<b>Breakfast</b>
8:30 - 9:00	Overview of the day
9:00 - 9:30	Worship
9:30 - 9:40	Break
9:50 - 10:20	The Perfect Plan
10:20 - 12:00 pm	The Perfect Sacrifice
<b>12:00 - 12:45</b>	<b>Lunch</b>
12:45 - 1:45	Grieving & Reconciliation
1:45 - 2:45	The Mother Mantle - The Father Mantle
2:45 - 6:00	Breaking Strongholds - Soul Ties - Listening Prayer
<b>6:00 - 6:45</b>	<b>Dinner</b>
7:00 - 7:45	Reflections from the Day
7:30 - 8:00	Individual and Cultural Responsibility
8:00 - 10:00	Crying Out for Restoration

### Sunday

8:30 - 10:30 am	Memorial Service
10:30 - 11:00	Pack up
<b>11:00 - 12:00 pm</b>	<b>Brunch</b>
12:00	Shalom & Go Home

**\*This schedule is subject to change.**

# Getting the Most from Your Retreat

The name of our retreat, *Deeper Still*, was chosen because it describes the healing journey of many women and men. Those who come to this retreat have usually received some measure of healing but acknowledge that they are not yet completely free. We establish a safe environment where God's presence is strongly experienced through worship, prayer ministry and a loving community of Christian sisters and brothers. Within that context, we address core issues that are key to healing. This is an investment in yourself and in your relationship with God. We promise you – it will be worth it! Please read these guidelines in preparation for your retreat.

1. **Plan to be Focused** - Be sure to place the retreat dates on your calendar and start planning now. Work to free up your time so that you can come to the retreat focused and without distractions. Your emotional and spiritual health is important. Make it a priority.
2. **Fear Not** - As time for the retreat draws near, you will find that both your emotions and your defense mechanisms will begin to surface. This is not unusual, so don't get discouraged.
3. **Do not talk yourself out of coming.** Just remember that your heart is being prepared for healing. Let your family/friends know that you may be more emotional during this time and that they need to extend you extra grace.
4. **Be Open** - Be open and honest about your emotions. Emotional release is usually necessary for healing (tears, grief, anger, joy). These emotions will come easily for some, but not for others. Whatever your case, the Lord knows what you need emotionally, and He knows how to get you there.
5. **Respect Yourself & Others** - Every person on this retreat will be on his or her own unique healing journey. We simply ask that you respect each other's journey and that you be patient with yourself and others. Healing is a process. Do not compare yourself to others and do not jump ahead to the next issue or discussion. Each session will lay a foundation for the next.
6. **Stay Focused** - Keep your focus on the abortion related issues. Although we will address some other related issues from your life, the wounds from abortion are foundational. As those wounds are healed, you will experience a new release for healing in other areas of your life.
7. **Keep it Confidential** - It's vital that everyone is committed to Confidentiality for everyone present.
8. **Be Patient** - It's okay to not feel completely resolved by the end of each session. Part of the healing process is to live with seasons of mystery. Every step you take will add up to a whole. Resting and waiting on God to move is also part of the process.
9. **Be at Peace** - "Peace I leave you; My peace I give you; not as the world gives, do I give you. Let not your heart be troubled, neither let it be afraid." John 14:27

## Deeper Still Healing Covenant

*Dear Lord,*

*Believing that You are the only way to life and healing and trusting that You desire me to be whole and free from my past choices and sins, I choose to enter into this special healing covenant with You.*

*Lord, I hereby give You permission to do a deep and cleansing work in my life. I am saying “yes” to the healing path that You would design just for me.*

*Realizing that this journey may take me through painful places, I am asking for Your precious grace and mercy to sustain me and give me courage. Please make Your word alive to me and send the people I need along the way for encouragement.*

*I thank you that Your presence goes with me and that You will never leave me or forsake me.*

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Signature

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Date

**Keep this document**



# Deeper Still®

## **Participant Release Agreement**

Deeper Still is a program including healing retreats for women and men who have undergone or participated in an abortion procedure (the “Program”). The Program is specifically designed to address the healing of emotional and spiritual wounds associated with abortion.

Deeper Still retreats are hosted by a team of volunteers (“Team Members”) who have received paraprofessional training to assist attendees in the healing process within the context of the Program. Participation by attendees in Deeper Still retreats or any associated function(s) is not intended as a substitute for professional counseling and/or medical treatment.

By signing this agreement form, I freely and voluntarily agree with and understand the following statements to be true and I hereby agree to bind myself to such statements in consideration for the opportunity to participate as an attendee of an upcoming Deeper Still retreat.

- The Team Members are volunteers and not licensed professional counselors.
- The Team Members are not giving medical advice, making diagnoses, or providing licensed professional counseling.
- I will not hold Deeper Still, the Team Members, or other persons or entities directly associated with Deeper Still responsible for my actions or the actions of others made in response to any teaching, advice, ministry or any other goods and/or services I may obtain at a Deeper Still function.
- I fully release Deeper Still, the Team Members and/or persons/entities directly associated with them from any and all liability whatsoever.
- I assume full personal responsibility for any financial obligation I undertake based on and/or in response to any teaching, advice, ministry or any other goods and/or services I may obtain at a Deeper Still function.
- Information I give to any Team Member will remain confidential. There will be no sharing photos, or videos of me publicly or on social media without my permission. However, I also understand exceptions to such confidentiality include:
  - any situation in which I communicate I am considering physically harming myself or another person,
  - any situation in which I communicate another person is continuing to or has expressed his/her intent to physically harm me, and/or
  - any situation in which a formal grievance is brought against Deeper Still, the Team Members and/or persons/entities directly associated with them.
- I agree to honor the code of confidentiality of Deeper Still to not disclose personal information shared by other retreat participants without their permission.
- Any formal grievance brought against Deeper Still, the Team Members and/or persons/entities directly associated with them are to be decided under Tennessee law and, if litigation ensues, in Tennessee courts of law in the Eastern District of Tennessee—the state and federal courts in which are deemed a proper venue by the undersigned for any such action—wherein such courts, based on this agreement, shall have personal jurisdiction over the undersigned.
- If any part of this agreement is deemed void by a court of law, the other portions of the agreement will remain in full force and effect.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

## DEEPER STILL of Atlanta

### Confidential Intake Form

<b>TODAY'S DATE:</b>	<b>DATE OF THE RETREAT YOU ARE ATTENDING (Select One):</b> <i>SPRING</i> <i>FALL</i> <i>YEAR:</i>		
<b>Name (First, Middle Initial, Last Name):</b>			<b>Nickname:</b>
<b>Address:</b>		<b>City/State:</b>	<b>Zip Code:</b>
<b>Cellular Telephone:</b>		<b>Home Telephone:</b>	<b>Which do you prefer we call?</b>
<b>May we leave a message on your voicemail?</b> YES NO		<b>E-Mail (Please use all capital letters):</b>	
<b>Age:</b>	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Occupation:</b>	<input type="checkbox"/> Retired
<b>Ethnicity:</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:		<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<b>With whom are you currently living?</b> <input type="checkbox"/> Alone <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other Family (Check all that apply) <input type="checkbox"/> Husband/Children <input type="checkbox"/> Wife/Children <input type="checkbox"/> Children <input type="checkbox"/> Adult Children <input type="checkbox"/> Roommate(s)			
<b>If married, does your husband or wife know about the abortion(s)?</b> YES NO <i>If No, what has prevented you from telling him/her?</i>			
<b>What has prompted you to seek healing from your abortion(s)?</b>			
<b>On the journey to healing and freedom from your abortion(s),</b> <i>How would you rate your progress, (1) being low (10) being high (Circle One)</i> 1 2 3 4 5 6 7 8 9 10			
<b>What would you like to gain from attending this retreat?</b>			
<b>To your knowledge, has anyone else in your family ever had an abortion?</b> YES NO		<b>If Yes, Who? How has it affected you?</b>	
<b>Do any of your family members know about your abortion(s)?</b> YES NO <i>If No, how would you expect them to respond?</i>			
<b>Have you ever been sexually abused?</b> YES NO <i>If yes, briefly explain:</i>			
<b>To your knowledge, have you ever been ritually abused?</b> YES NO			
<b>Have you ever experienced domestic violence?</b> YES NO <i>If yes, briefly explain:</i>			
<b>Have you ever struggled with sexual identity confusion?</b> YES NO <i>(Understanding your femininity or masculinity, sexual identity, homosexual experiences or desires, etc.) If yes, briefly explain:</i>			

**Circle any of the symptoms or feelings that you may have experienced or are currently experiencing since your abortion (s):**

*Answering this really helps the Team to know how to pray and prepare us for your retreat.*

*Knowing it can be difficult, take your time to do this section. Please DON'T skip it.*

- |                         |                    |                    |
|-------------------------|--------------------|--------------------|
| guilt                   | hopelessness       | self-hatred        |
| shame                   | anxiety            | sexual problems    |
| fear                    | depressed          | helplessness       |
| emotionally "numb"      | anger              | headaches          |
| sad                     | suicidal ideas     | eating disorders   |
| change in relationships | nightmares         | panic attacks      |
| low self-esteem         | sleep disturbances | grief/loss         |
| marital stress          | alcohol/drugs      | resentment         |
| loneliness              | cutting yourself   | obsessive thoughts |
| infertility             | crying spells      | accusing voices    |

Please list any others not mentioned above:

**Have you ever been hospitalized to control any of these symptoms?** YES NO

If Yes, please explain:

**Are you currently under the care of a professional therapist or counselor?** YES NO

*If Yes, we recommend that you tell your counselor that you will be attending this retreat.*

*If you would like us to share information about our retreat with your counselor, we would be happy to do so.*

**Would you like to have your counselor contact us?** YES NO

**Are you currently taking any medication to control any of the above symptoms?** YES NO

*If Yes, what are you taking?*

**Is there anything about your medication protocol that we should know?**

*Please explain:*

**If you are taking antipsychotic medications, we must have your commitment to take them as directed.**

I understand and commit to taking medication as directed by my doctor. YES \_\_\_\_\_ (initial).

**PREGNANCY AND ABORTION HISTORY**

<b>FOR WOMEN: How many pregnancies have you had?</b>		<b>How many abortions?</b>	
<b>FOR MEN: How many abortions have you participated in or have knowledge of?</b>			
<b>1st pregnancy:</b> <input type="checkbox"/> Carried to term <input type="checkbox"/> Abortion (Check One) <input type="checkbox"/> Miscarried <input type="checkbox"/> Adoption		<b>Months:</b> <b>What Year:</b> <b>Sex of baby (if known):</b>	<b>How old were you:</b> <b>Marital Status:</b>
<b>If abortion, what type:</b> <input type="checkbox"/> Suction <input type="checkbox"/> D & E <input type="checkbox"/> Saline <input type="checkbox"/> Partial Birth <input type="checkbox"/> Other:	<b>What was the reason for your abortion?</b>	<b>Were you in favor of the abortion?</b>  <b>Did you feel pressured to choose abortion?</b>	<b>What was the outcome of your relationship with <u>the father</u> of that baby or <u>the mother</u>?</b>

<b>2nd pregnancy:</b> <input type="checkbox"/> Carried to term <input type="checkbox"/> Abortion (Check One) <input type="checkbox"/> Miscarried <input type="checkbox"/> Adoption		<b>Months:</b> <b>What Year:</b> <b>Sex of baby (if known):</b>	<b>How old were you:</b>  <b>Marital Status:</b>
<b>If abortion, what type:</b>  <input type="checkbox"/> Suction <input type="checkbox"/> D & E <input type="checkbox"/> Saline <input type="checkbox"/> Partial Birth <input type="checkbox"/> Other:	<b>What was the reason for your abortion?</b>	<b>Were you in favor of the abortion?</b>  <b>Did you feel pressured to choose abortion?</b>	<b>What was the outcome of your relationship with <u>the father</u> of that baby or <u>the mother</u>?</b>
<b>3rd pregnancy:</b> <input type="checkbox"/> Carried to term <input type="checkbox"/> Abortion (Check One) <input type="checkbox"/> Miscarried <input type="checkbox"/> Adoption		<b>Months:</b> <b>What Year:</b> <b>Sex of baby (if known):</b>	<b>How old were you:</b>  <b>Marital Status:</b>
<b>If abortion, what type:</b>  <input type="checkbox"/> Suction <input type="checkbox"/> D & E <input type="checkbox"/> Saline <input type="checkbox"/> Partial Birth <input type="checkbox"/> Other:	<b>What was the reason for your abortion?</b>	<b>Were you in favor of the abortion?</b>  <b>Did you feel pressured to choose abortion?</b>	<b>What was the outcome of your relationship with <u>the father</u> of that baby or <u>the mother</u>?</b>
<b>4th pregnancy:</b> <input type="checkbox"/> Carried to term <input type="checkbox"/> Abortion (Check One) <input type="checkbox"/> Miscarried <input type="checkbox"/> Adoption		<b>Months:</b> <b>What Year:</b> <b>Sex of baby (if known):</b>	<b>How old were you:</b>  <b>Marital Status:</b>
<b>If abortion, what type:</b>  <input type="checkbox"/> Suction <input type="checkbox"/> D & E <input type="checkbox"/> Saline <input type="checkbox"/> Partial Birth <input type="checkbox"/> Other:	<b>What was the reason for your abortion?</b>	<b>Were you in favor of the abortion?</b>  <b>Did you feel pressured to choose abortion?</b>	<b>What was the outcome of your relationship with <u>the father</u> of that baby or <u>the mother</u>?</b>
<b>5th pregnancy:</b> <input type="checkbox"/> Carried to term <input type="checkbox"/> Abortion (Check One) <input type="checkbox"/> Miscarried <input type="checkbox"/> Adoption		<b>Months:</b> <b>What Year:</b> <b>Sex of baby (if known):</b>	<b>How old were you:</b>  <b>Marital Status:</b>
<b>If abortion, what type:</b>  <input type="checkbox"/> Suction <input type="checkbox"/> D & E <input type="checkbox"/> Saline <input type="checkbox"/> Partial Birth <input type="checkbox"/> Other:	<b>What was the reason for your abortion?</b>	<b>Were you in favor of the abortion?</b>  <b>Did you feel pressured to choose abortion?</b>	<b>What was the outcome of your relationship with <u>the father</u> of that baby or <u>the mother</u>?</b>

\* If any other abortions please write information on the back of this form.

**RELIGION / SPIRITUAL**

Are you currently affiliated with any church? YES NO		Name of Church:	
What denomination is it?			
Do you believe in the Trinity of God? (God the Father, God the Son, (Jesus), God the Holy Spirit)? YES NO UNSURE			
Do you consider yourself a Christian? YES NO		If yes, how long have you been a Christian?	
If no, what is your religious affiliation, if any?			
<p>The following are various ways of describing your experience with God.                  Check any that may best describe yourself. (You can check more than one)</p> <input type="checkbox"/> Born again <input type="checkbox"/> Saved <input type="checkbox"/> Having a personal relationship with God through Jesus Christ <input type="checkbox"/> Gradual revelation or conversion to Christ <input type="checkbox"/> Spirit filled <input type="checkbox"/> Other Description:			
I can see how my relationship with God & my spiritual condition, is an important part of dealing with my abortion(s). YES NO Comments:			
Have you ever had anyone pray with you or minister to you in some way about your abortion(s)? YES NO Describe:			
I would describe my knowledge of the Bible as: (Check one) <input type="checkbox"/> Fairly extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> No knowledge			
My biggest fear in coming to this retreat would be:			
Do you have any physical limitations or mobility limitations (such as climbing stairs)? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:			
Dietary Limitations/Food Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:			
Emergency Contact:		Relationship:	Phone Number
How did you find us? <input type="checkbox"/> Our Website <input type="checkbox"/> Web/Google search <input type="checkbox"/> A friend (name): <input type="checkbox"/> Other:			

**Upon completing the Participant Release Agreement & Intake Form (pages 9-13) please mail to:**

**Deeper Still of Atlanta**  
 P.O. Box 512, Hiram GA 30141