Surrender to Self Care, Journey Into Self Discovery, and Nurture Your Soul Mini Retreat

*Sunday, May 20th 9am-5pm*

**Please return with payment**

**Please *PRINT CLEARLY*:**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With my signature I agree that I am solely responsible for participation as well as journeying to and from the workshop mentioned below. I agree that the organizer and the facilitator are not liable in any way.

I understand that no medical diagnosis or treatment will be administered in this workshop. No medical therapy will be undertaken or proposed. In case that I am, or was undergoing psychiatric treatment, or if I am seriously ill, I will talk to the participation of the day long retreat over with my physician prior to enrolling.

**Retreat Venue:** Spirit Venue, 73 Lunn’s Way, Plymouth, MA, 02360 USA

[www.laurahealingwithspirit.com](http://www.laurahealingwithspirit.com)

□ I agree with the rules.

Registration Deadline: May 15th

**Registration Fee:** □ $175

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount enclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make check payable** to “Betty Sarmento” and mail to Betty Sarmento Att: Retreat 73 Lund’s Way, Plymouth, MA 02360

**Cancellation Policy:** There are no refunds for this retreat. Non-transferable.