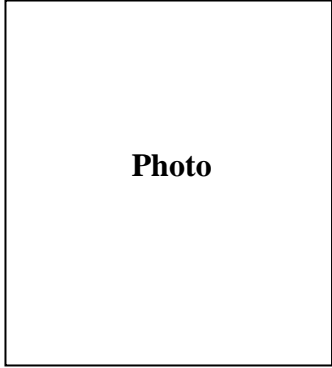




**COLLEGE RETREAT**  
**REGISTRATION FORM**

**JANUARY 9 – 10, 2010**

**COLLEGE STUDENTS ONLY**  
**AGE 18-23**



**Photo**

**A separate form must be filled out for each person attending the retreat. Feel free to duplicate this form as needed.**  
**Please complete this application in ink. All applications will be processed only when the following (3) items are received.**

- 1. Application**
- 2. Recent photo**
- 3. \$35.00 registration deposit per person (Refundable).**

Today's Date \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Name of College \_\_\_\_\_ Residence Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ College Phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Emergency # ( ) \_\_\_\_\_

T-shirt size: Small (34-36) \_\_\_\_\_ Medium (38-40) \_\_\_\_\_ Large (42-44) \_\_\_\_\_ X-Large (46) \_\_\_\_\_ XXL \_\_\_\_\_

First and Last name of person who died: \_\_\_\_\_ Relationship to you \_\_\_\_\_

Birthdate of person who died: \_\_\_\_\_ Date of death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_ Age at time of death: \_\_\_\_\_

Did death occur at home? \_\_\_\_\_ Hospital? \_\_\_\_\_ Other? \_\_\_\_\_

Were you present at time of death? \_\_\_\_\_

Who or what has helped you most since the death? Family, friends, church, school, others? In what way?

\_\_\_\_\_

\_\_\_\_\_

What kinds of support do you now have on campus? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If none, what kind of support would you like from your school, R.A., peers, etc.? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your greatest needs at this time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your family's communication around the death? Open \_\_\_\_\_ Adequate \_\_\_\_\_  
Very Little \_\_\_\_\_ Avoided \_\_\_\_\_ None \_\_\_\_\_ Desire more communication \_\_\_\_\_

Describe your college peers, roommate, R.A.'s etc. communication around the death: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations of the weekend retreat? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us about your interests: (i.e. sports, hobbies, reading, educational): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Amanda the Panda?  
\_\_\_\_\_  
\_\_\_\_\_

Any health problems, allergies, medications? \_\_\_\_\_  
\_\_\_\_\_

Do you have younger brothers or sisters aged 6-17 living at home who might like to attend our children/teen camp? \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ and Birthdate of other children and adults in your family:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***There is no fee to attend the Amanda the Panda Retreat, only a reservation deposit which is totally refundable.***  
**To reserve your space, we require a refundable \$35 reservation DEPOSIT per person. Your check or money-order will be returned to you, uncashed, if you attend. If you do not attend the retreat after you have registered, your reservation deposit is forfeited. For your application to be processed, we must receive an application form, a recent photo (for security purposes), and your refundable deposit. Incomplete applications will not be processed.**

Apply early. Please make every effort to mail your completed registrations form(s) and a \$35 deposit as soon as possible.

Mail to: Charlie Kiesling, Amanda the Panda, 1000 73rd St. Suite 12, Windsor Heights, IA 50324

Phone (515) 223-4847 ♠ Fax (515) 223-4782 ♠ e-mail: [charlie@amandathepanda.org](mailto:charlie@amandathepanda.org) Website: [www.amandathepanda.org](http://www.amandathepanda.org)