



Office use only
Session: _____

APPLICATION FORM FOR RENEWAL PROGRAM

Name (last, first, middle/maiden) _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Country _____ Date of Birth _____ Place of Birth _____

Home Phone _____ Work Phone _____ Mobile Phone _____

The program session that I am applying for begins (Month, Year) _____

Place of Work: Name _____

Address _____

City _____ State _____ Zip _____

Country _____

***If you are a member of a Religious Congregation/Ordained Minister:*

Name of Community or your Church _____

Address _____

City _____ State _____ Zip _____

Country _____

Your Curriculum Vitae/Resume

(Feel free to us or attach an extra sheet.)

Your present position _____

Do you expect to return to this position after the Rockhaven Program? _____



Why do you want to participate in the Rockhaven Program?

What do you feel that the Rockhaven Program can give to you and what do you feel you can offer to the program and its other participants? _____

Is there anything special you are seeking in your life that you would like to see incorporated into the Rockhaven program? _____

Do you have any physical limitations or special dietary needs? _____

Signature

Date

Please include the following with your application or have sent separately:

- Enclose two letters of recommendation. One is to be from your supervisor/superior/bishop.
- Include a physician's statement as to your physical health. It is necessary for us to know whether/how you can participate in movement, exercise, massage, etc.
- Include a registration fee of \$50. Checks can be made out to Rockhaven Ecozoic Center.

Please address this form and any questions you may have to:

Jan Stocking, RSM
Rockhaven Ecozoic Center
7621 Rivermont Trail
House Springs, MO 63051
jan@rockhavencenter.org
Phone: (636) 375-3159