

HANDICAPPED ENCOUNTER CHRIST RETREAT APPLICATION

Name: _____ Date: _____

Last *First*

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: ()

E-mail Address: _____

Date of Birth: _____

Age: _____

Sex: _____

Height: _____

Weight: _____

Describe in detail your physical disability if applicable:

Check all areas where you will need assistance:

EATING DRESSING BATHROOM PERSONAL CARE HELP DURING THE NIGHT

Do you use a:	WHEELCHAIR?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CAN YOU TRANSFER ALONE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	WALKER?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you INCONTINENT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	LANGUAGE BOARD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Bowels	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Bladder	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Medication: If you take any daily medication, please fill out the following. Attach a separate page if necessary.

Medication	Dosage	Specific Time	Specific Instructions

Please note:

1. If you play a musical instrument, please bring it.
2. Bring COMFORTABLE CLOTHES and your own toiletries.

Signature

Date

You are encouraged to find your own transportation to the retreat at:
PALLOTINE RENEWAL CENTER, 15270 OLD HALLS FERRY RD., FLORISSANT, MO 63034

Send applications for **HEC #86** to:

Pat Poehling
6237 Murdoch
St. Louis, MO 63109

\$ 200.00**



**# 87 SATURDAY, MAY 31 -
MONDAY, JUNE 2, 2025**

RETREAT / COST

NOTE RETREAT'S **NEW DAY** STARTING AND COMPLETION!

In case of emergency call: _____ Phone: _____

Physician's name: _____ Phone: _____

NOTE: PLEASE MAKE YOUR CHECKS PAYABLE TO: HANDICAPPED ENCOUNTER CHRIST OR HEC.

**** please do not let the cost be an obstacle: Pay what the Lord puts on your heart...consider asking your church, family, organization or workplace to sponsor you!**