

Healing a Mother's Heart Retreat Application

Healing a Parent's Heart Retreat Application

Desert Hope Ministries

P.O. Box 461188

Denver, CO 80246

Phone: 303-429-2100

www.deserthope.com

www.janellehallman.com

Today's DATE: _____

Please indicate which retreat you would like to attend:

Healing a Mother's Heart (mothers of daughters only); Retreat dates: _____

Healing a Parent's Heart (parents of sons or daughters); Retreat dates: _____

Personal Information

Name(s): _____ Age(s): Father _____ Mother _____

Address: _____ City/State/Zip: _____

Phone Home: _____ May I call you here? Y / N

Father's Work: _____ May I call you here? Y / N

Mother's Work: _____ May I call you here? Y / N

Father's Cell: _____ May I call you here? Y / N

Mother's Cell: _____ May I call you here? Y / N

Email address(es): Father _____

Mother _____

Marital Status

For Mother's Retreat: Current Marital Status: Married (# of years: _____) Single Divorced

If married, name of spouse: _____

For both Retreats: Names and ages of all children: _____

Church

Name of current church and denomination (if attending one): _____

Are you comfortable discussing spiritual issues within a group? _____

Are you comfortable with prayer in a corporate setting? _____

Previous Therapy and Overall Health – For Mother’s Retreat

Have you consulted a therapist before? Y / N If yes, please provide dates, length and purpose of therapy:

How is your health in general? _____

Are you sleeping normally? Y / N If no, please describe: _____

Is your appetite normal? Y / N If no, please describe: _____

Have you ever had or do you currently have a major or chronic illness? Y / N If so, please describe: _____

Are you currently experiencing any health problems? Y / N If yes, please describe: _____

Name and phone number of nearest relative or close friend you want me to contact if there is an emergency situation:

Your Child

What is the name and age of your child(ren) who has(have) same-sex attraction?

How long have you known about your child’s homosexuality? _____

Please describe your current relationship with your child (both parents reply) _____

At this time, is your child embracing a gay or lesbian identity, or are they experiencing fluidity or conflict with their same-sex attraction?

Is your son or daughter currently in a relationship with a same-sex partner? _____

Are there any concerns, circumstances or comments you would like to share about yourself, your marriage, your family or your child? _____

What are the issues you would like to see discussed over this weekend? _____

Please complete application and mail as soon as possible with a \$200 deposit to:

You may use a major credit card via PayPal on the Desert Hope website, www.deserthope.com or by contacting the Desert Hope office. Or you may make checks payable to:

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Parents retreat: Total \$899 per couple
Mothers retreat: Total \$499 per mother

Email: info@deserthope.com

Balance will be due at the time of the retreat.

Cancellation Policy: If you cancel prior to three weeks of the retreat, you will receive \$180 of your deposit. If you cancel within three weeks of the retreat and your spot is not filled, you will forfeit your \$200 deposit.

For more information please visit:
www.deserthope.com