

**LIFESKILLS RANCH PROGRAM, INC.
PEACEFUL WARRIOR WOMEN'S RETREAT
"Enrich, Educate & Empower"**

APPLICATION AND HEALTH HISTORY

GENERAL INFORMATION

Name _____ D.O.B. _____ Shirt Size _____

Address _____ City _____ State _____ Zip _____

Home Ph# _____ Cell _____ Email _____

Name and Phone # for emergency contact: _____

Current Military Status: Rank _____ Branch of Service _____

____ Active Duty ____ Medically Retired ____ Honorable Discharge ____ National Guard ____ Retired

____ Reserves ____ Other

Date separated from active duty (if applicable) _____ Current Occupation or M.O.S.: _____

PARTICIPANT'S HORSE KNOWLEDGE/ABILITY - please mark one *

Beginner - little or no experience _____ Intermediate - some experience with limited skills _____

Advanced - Skilled and able ride with confidence _____

HOW DID YOU HEAR ABOUT THE PEACEFUL WARRIOR RETREAT? _____

WHAT ARE YOUR EXPECTATIONS OR HOPES FOR THIS RETREAT? _____

DO YOU HAVE A RELIGIOUS AFFILIATION OR BELIEF? _____

DO YOU HAVE ANY PHYSICAL DISABILITIES OR LIMITATIONS? _____

HAVE YOU BEEN DIAGNOSED WITH, OR DO YOU BELIEVE YOU SUFFER FROM P.T.S.D. OR COMBAT STRESS? IF SO, WHAT ARE YOUR SYMPTOMS AND HOW IS IT AFFECTING YOUR DAY-TO-DAY LIFE?

*Please note, for the safety of our horses, there is a 200# weight limit for mounted riding activities

IS THERE ANYTHING THAT GIVES YOU APPREHENSION OR CONCERN ABOUT THIS RETREAT? _____

DO YOU HAVE ANY SPECIAL FOOD REQUIREMENTS OR ALLERGIES? _____

DO YOU ENJOY COOKING & WOULD YOU BE INTERESTED IN HELPING PREPARE THE MEALS? YES ___ NO ___



HEALTH HISTORY

PLEASE CHECK ANY THAT APPLY:

___ HEART OR CIRCULATION PROBLEMS

___ BLOOD SUGAR IMBALANCE

___ BREATHING DIFFICULTY OR ATHSMA

___ SIEZURES

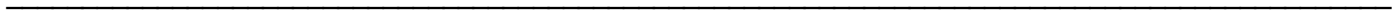
___ MENTAL HEALTH ILLNESS

___ ALLERGIES*

___ JOINT OR BONE CONDITION

RETREAT LOCATION IS 1 HOUR FROM THE NEAREST MEDICAL FACILITY

If any of the above conditions are checked, please explain: _____



ARE YOU TAKING ANY MEDCIATIONS ON A DAILY BASIS? _____ IF YES, PLEASE LIST BELOW.



WHEN COMPLETE, PLEASE MAIL ALONG WITH A \$50 DEPOSIT (REFUNDABLE UPON ARRIVAL) TO:
LIFESKILLS RANCH PROGRAM 1967 ALDER CREEK LOOP, ST. MARIES, IDAHO 83861

APPLICATION DEADLINE IS APRIL 1st