



Harmony Hill Retreat Center
 7362 E. State Route 106
 Union, WA 98592 (360) 898-2363
 www.harmonyhill.org info@harmonyhill.org

Participant Application for “Tools for the Journey” one-day program

Requirements for attendance:

- You have received a cancer diagnosis and are currently under the care of a physician
- You are physically able to move between buildings and short distances
- You have not attended a cancer retreat at Harmony Hill in the past 12 months.

About the costs of the retreat: Our cancer programs are offered at no cost to participants, made possible thanks to the generosity of individual, business, and foundation supporters. Harmony Hill is a 501(c)(3) nonprofit organization.

Please fill out this application as completely as possible. This information gives us the opportunity to get to know you, meet your individual needs, and ensure that you have a comfortable stay.

Program date applying for: _____ 2nd choice date: _____

Name _____ Today's date _____

Address _____

City _____ State _____ Zip _____

Phone: home (____) _____ work (____) _____ Female Male Birthdate _____

E-mail _____ Ages of children, if any _____

How did you hear about this program? _____

How are you currently feeling physically? _____

Name of your primary medical doctor _____

Address/phone: _____

What is your cancer diagnosis? (please be specific) _____

Approximate date of your initial diagnosis _____

Dates of recurrence, if any _____

Do you have any metastases? (please be specific) _____

List any physical limitations you have that may require that you have assistance in order to participate in the program, such as dizziness or lightheadedness, shortness of breath, difficulty walking on uneven surfaces or stairs:

Harmony Hill serves balanced, primarily vegetarian meals with occasional fish. List any nutritional concerns our staff should be aware of (e.g., allergies, do not eat fish, dairy, wheat):

Emergency contact name: _____ Relationship: _____

Address _____ City/state: _____

Phone: Day (____) _____ Evening (____) _____ Cell (____) _____

**Please mail completed application to:
 Harmony Hill Retreat Center, Attn: Cindy Shank, Program Coordinator
 7362 E. State Route 106, Union, WA 98592**