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## GROUP APPLICATION Per September 1, 2019

DATE OF APPLICATION: \_\_\_\_\_

FACILITATOR'S NAME(S): \_\_\_\_\_

NAME CONTACT PERSON: \_\_\_\_\_

COMPANY/BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

### RETREAT INFORMATION:

PREFERRED EVENT DATES: 1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_

WHAT IS THE NAME OF YOUR EVENT? \_\_\_\_\_

WHAT IS THE NATURE AND PURPOSE OF YOUR EVENT? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLANNED # OF GROUP PARTICIPANTS? \_\_\_\_\_ PLANNED # OF FACILITATORS? \_\_\_\_\_

IS YOUR EVENT OPEN TO OUTSIDE PARTICIPANTS? \_\_\_\_\_

HOW DO YOU FEEL NULEMURIAN HEART CENTER CAN SUPPORT YOU AND YOUR GROUP? \_\_\_\_\_

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HOW DID YOU HEAR ABOUT NULEMURIAN HEART CENTER? \_\_\_\_\_

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OUR MEALS ARE VEGETARIAN / VEGAN:

PREFERENCES TO BE INCLUDED OR EXCLUDED IN THE MEALS: \_\_\_\_\_

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SPECIAL DIETARY NEEDS: \_\_\_\_\_

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SPECIAL NEEDS, REQUESTS & CONTACTS:

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