

**Mirror Images**  
A Reflective Process for Change

**APPLICATION for Mirror Images Retreat Program**

**Personal Information:**

**Name (Title, First, Last):** \_\_\_\_\_

**Home Address:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town State/Province Country Postal Code

( ) ( ) \_\_\_\_\_  
Home Phone Number Home Fax Number E Mail Address

**Work Address:**

**Company Name:** \_\_\_\_\_ **Your Title** \_\_\_\_\_ **Department** \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town State/Province Country Postal Code

( ) ( ) \_\_\_\_\_  
Phone Number with Extension Work Fax Number Work E Mail Address

**You may/may not contact me at my work address/phone/fax/E-mail. (Please circle responses.)**

**\*\*\*PLEASE WRITE a 3 OR 4 PARAGRAPH SUMMARY of your life story including 3 mountain top events and 3 valley events; as well as including your marital status and family information.**

**Marital Status:** \_\_\_\_\_ **Number of Children** \_\_\_\_\_

**Present health concerns** \_\_\_\_\_

**Present Medications:** \_\_\_\_\_

**Special Dietary Allergies or Needs:** \_\_\_\_\_

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**Enclose names of two individuals willing to give you referral references. Please include phone numbers or email address.**

**1. Name (Title, First, Last):** \_\_\_\_\_

( ) \_\_\_\_\_  
Home Phone Number E Mail Address

**Your connection with this person:** \_\_\_\_\_

**2. Name (Title, First, Last):** \_\_\_\_\_

( ) \_\_\_\_\_  
Home Phone Number E Mail Address

**Your connection with this person:** \_\_\_\_\_

<b>You will be notified as to the acceptance of your application either in person, by phone, fax, or e-mail</b>
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