

THE  
**BRIDGES**  
RETREAT

*Connecting With Your Resilience*

## First Responder's Retreat Registration Form

Please indicate which Bridges Retreat you are interested in attending:

5-day/4 Night Retreat    3-Day/2 Night Retreat    1-Day Intensive   Session Dates: \_\_\_\_\_

Please complete and return the registration form. Once received, our office will send out an Intake form for you to complete and submit. Following submission of the intake form, we will schedule an interview with a clinician so that both you and the clinician can determine if this retreat is a good fit for you.

**Full Legal Name:** \_\_\_\_\_  
First    Middle Initial    Last    Another Name/Alias

**Date of Birth:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_  
MM/DD/YYYY

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Division/Branch/Unit/Station:** \_\_\_\_\_

**Occupation/Rank/Title:** \_\_\_\_\_

**Years on the Job:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

Please scan and email this form to [healwtms@gmail.com](mailto:healwtms@gmail.com) or  
mail to Windows To My Soul, PO Box 608, Mount Aukum, CA 95656.

Please feel free to contact us for more information. 530.620.2760



**BRIDGES—A *Windows To My Soul* Offering**