

# Registration for the Edmonds Ministries of Pastoral Care Retreat

We are delighted that you desire to attend the Ministries of Pastoral Care Retreat which will be held March 23–24, 2018 at the North Sound Center in Edmonds, WA. This form provides us with the information needed to prepare for you to join us.

Please fill out this registration form completely and return it to us **using one of these methods:**

- Using a **computer**, complete the form on your screen, **save** it to your device, and **send** the completed form as an **email attachment** to [edmonds.registrar@ministriesofpastoralcare.com](mailto:edmonds.registrar@ministriesofpastoralcare.com).

**Note: To fill out pdf form, a computer must be used—not a phone, tablet, or other device.  
Please remember to save your completed form before closing and sending document.**

- Print, scan and email the completed form to [edmonds.registrar@ministriesofpastoralcare.com](mailto:edmonds.registrar@ministriesofpastoralcare.com).
- Print and mail to:  
MPC Spiritual Retreat Registration  
c/o North Sound Church  
404 Bell Street  
Edmonds, WA 98020

Please request a referral for the retreat from a pastor, colleague, or mentor who is not a family member. [Click here](#) to access the referral form, or visit [ministriesofpastoralcare.com/schools](http://ministriesofpastoralcare.com/schools) and get it from the Edmonds retreat page.

Check here if you are a member of North Sound Church (sponsors of this retreat) and we will contact Pastor Barry directly on your behalf.

<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME
<input type="text"/>	
MAILING ADDRESS	
<input type="text"/>	<input type="text"/>
CITY	STATE/PROVINCE
<input type="text"/>	<input type="text"/>
ZIP CODE/POSTAL CODE	COUNTRY
<input type="text"/>	<input type="text"/>
CELL PHONE	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>
NAME OF REFERENCE	PHONE NUMBER OF REFERENCE

## Personal Information:

Have you previously attended a PCM school?	Yes	No	If "Yes," how many?	<input type="text"/>
Have you previously attended an MPC school?	Yes	No	If "Yes," how many?	<input type="text"/>
<input type="text"/>	<input type="text"/>			
CHURCH YOU ATTEND	DENOMINATION			
<input type="text"/>	<input type="text"/>	GENDER	MALE	FEMALE
OCCUPATION/VOCATION	YOUR AGE			

If a spouse is attending, we kindly ask that each of you fill out a separate application form.

Please indicate any of the following books written by Leanne Payne you have read or plan to read prior to this retreat:

*Healing Presence*

*Crisis in Masculinity*

*The Broken Image*

*Restoring the Christian Soul*

*Listening Prayer*

*Real Presence*

If you are unfamiliar with Leanne Payne's writings, we would be glad to share an introductory passage with you. Just email us at [edmonds.registrar@ministriesofpastoralcare.com](mailto:edmonds.registrar@ministriesofpastoralcare.com).

Describe your involvement, if any, in healing prayer ministry

Are you presently, or have you ever been, involved in the occult? (astrology, new age, etc.)    Yes    No

If "yes", please provide us with an explanation.

Please list any medications you are taking, and for what reasons. We ask that all participants take their medications as prescribed by their physician while attending the MPC retreat .

How did you hear about this retreat?

Why do you wish to attend this spiritual retreat?

## Meal choices

### Friday, March 23

*Please choose one:*

Mediterranean Veggie Wrap with chickpeas, cucumber, peppers, and feta cheese (vegetarian)

Roast Beef Sandwich with cheddar, arugula, and red onion jam

Italian Grinder with salami, ham, lettuce, peppers, and provolone cheese

Please indicate if you would prefer your sandwich selection to be  
gluten free      dairy free      gluten and dairy free

Green salad, apple-fennel slaw, and a cookie will accompany this meal.

### Friday, March 24

*Please choose one:*

Chicken Salad on a Ciabatta roll (dairy free)

Turkey Sandwich with provolone cheese, lettuce, and Sriracha mayo on multigrain bread

Ham, Swiss cheese, lettuce and mustard on gluten free bread (gluten free)

Caprese Sandwich with fresh mozzarella, tomato, basil, and balsamic dressing (vegetarian)

Chicken Caesar Salad (gluten free/croutons on the side)

A brownie and water bottle will accompany this meal.

Please make my brownie gluten free

Please share with us any dietary restrictions you have so that we may share this information with the caterer:

## Thank you for completing the registration form!

All information is confidential. You will receive a confirmation email once your registration has been processed.

Ministries of Pastoral Care reserves the right to decline any registration, and our retreats sometimes fill up such that we are not able to accept every registrant. If you have any questions about your registration, please email us at

[edmonds.registrar@ministriesofpastoralcare.com](mailto:edmonds.registrar@ministriesofpastoralcare.com) and we will be glad to assist you.

## Payment Information

The cost of the retreat is \$80 USD, which includes lunch and dinner on Friday and lunch on Saturday. You can submit your payment by check or credit/debit card.

If you choose to mail a check, please send it payable to Ministries of Pastoral Care to:

**P.O. Box 3792 | Peoria, Illinois 61612-3792**

If you would prefer to pay with a credit or debit card, please visit our website at

[ministriesofpastoralcare.com/donation-page](http://ministriesofpastoralcare.com/donation-page) and send \$80.00.

## Cancellations and Refunds

- Up to March 16, 2018 a full refund will be given
- After March 16 a \$25 cancellation fee will be retained
- After March 20: No refund

## Overnight Lodging

For attendees traveling from out of town, special rates have been arranged at the Edmonds Harbor Inn. To make a reservation call (425) 771-5021 and ask for the MPC Retreat 2018 rate. The hotel is a 10-minute walk away from the North Sound Center.

## *Restoring souls through union with Christ*