

# Blue Weekend Application

PLEASE PRINT NEATLY

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

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How did you hear about The Blue Weekend Retreat? \_\_\_\_\_

The Blue Weekend includes various form of movement. Does any reason exist preventing you from being able to move freely during the weekend? (Yes / No) If "yes," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you taking medicines? (Yes / No) If "yes," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently under the care of a physical or mental health profession? (Yes / No)  
If "yes," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are currently under the care of a medical doctor or mental healthcare specialist, please get approval from your professional(s) before submitting this application. Submitting this application implies you have taken the proper steps to ensure being in the proper physical and mental condition for participating in a weekend retreat involving movement, exercises, and various forms of meditation.

Why do you believe now is the right time for you to attend the Blue Weekend?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we call you to ask a few questions in considering you for inclusion? (Yes / No)

Are you familiar with Catalyst? (Yes / No)      Are you familiar with people who are familiar with Catalyst? (Yes / No)

List any references who may help us determine your level of readiness to attend the Blue Weekend:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

I, the undersigned, understand the Blue Weekend involves movement and various forms of exercise and meditation. I also understand I am fully responsible for accessing my own state of well-being and taking the necessary steps to ensure my desired level of comfort. Furthermore, I understand the Blue Weekend is not a treatment or therapy of any kind.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date