



Thank you for your interest in attending a Casting for Recovery retreat.

Please refer to the retreat schedule for information about the CFR retreat that is open to women from your geographic area (including the deadline for submitting your name for a chance to attend).

Also please note:

Due to the multitude of requests – participants and alternates are randomly selected from the applications that have been submitted for each retreat.

Shortly following the deadline – you will be notified whether or not you have been selected to attend the retreat.

If selected – you will be sent a registration form and a medical release form to be completed and returned to CFR within a month.

If we cannot offer you a spot – then we will automatically send you next year’s schedule and application, as soon as details become available, so that you may reapply.

To submit your name – send the form below to:

Casting for Recovery

PO Box 1123

Manchester, VT 05254

Fax: 802-362-9182

Telephone: 888-553-3500

Email: info@castingforrecovery.org Web site: www.castingforrecovery.org

Today’s Date: _____

I would like to submit my name for a chance to attend the following CFR retreat:

Date of Retreat: _____

Location of Retreat: _____

Name: _____

Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Telephone: day _____ **cell** _____

Email: _____

How did you hear about us? _____