



**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 3 forms: a participant information form, a medical release form, and a waiver of liability 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, as soon as details become available, so that you may reapply. **APPLY SECURELY ONLINE [HERE](http://www.castingforrecovery.org) or**

**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](mailto:info@castingforrecovery.org)    Web site: [www.castingforrecovery.org](http://www.castingforrecovery.org)**

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**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?** \_\_\_\_\_