



~PRESENT TO DYING~

A COMMUNITY-BASED CONTEMPLATIVE CARE PROGRAM FOR BEGINNERS

PLEASE COMPLETE THE FOLLOWING REGISTRATION FORM AND RETURN TO: **HOSPICE WITHOUT BORDERS, 1713 STATE AVE NE, OLYMPIA, WA 98506. YOU MAY ALSO SCAN AND EMAIL TO: DAVID@HOSPICEWITHOUTBORDERS.COM.** THIS APPLICATION IS FOR OUR 3 DAY RESIDENTIAL RETREAT TO BE HELD AT **GRINWOOD RETREAT CENTER: 6015 30TH AVE SE, LACEY, WA 98503. DATES: NOVEMBER 7 - 9, 2025**

THE RETREAT BEGINS **9:00AM, FRIDAY, NOVEMBER 7TH, AND CONCLUDES 3PM ON SUNDAY, NOVEMBER 9TH.** THE BASE COST OF THE RETREAT INCLUDES LODGING FOR 2 NIGHTS (NOV 7 AND 8), MEALS AND SNACKS BEGINNING WITH LUNCH ON NOV 7 AND CONCLUDING WITH LUNCH ON NOV 9. IF YOU WANT TO CHECK IN THURSDAY NIGHT (AFTER 6PM), THAT OPTION IS AVAILABLE BELOW FOR AN ADDITIONAL \$25.

WE HAVE 10 ROOMS TOTAL IN THE WESTWOOD BUILDING (**DESIGNATED: WW BELOW**). 5 ROOMS IN EACH OF THE 2 WINGS. 1 ROOM PER WING HAS 1 QUEEN BED ONLY, AND 4 ROOMS PER WING HAVE 1 QUEEN AND 2 TWINS. THUS, THE ROOMS CAN ACCOMMODATE 1 PERSON AS A PRIVATE ROOM, OR 2 IN THE ROOM WITH THE QUEEN BED IF SHARING A BED, AND 2 OR EVEN 3 IN THE ROOMS WITH THE QUEEN AND 2 TWIN BEDS.

WE ALSO HAVE ACCESS TO 4 ROOMS IN THE "CHALET" THAT ARE PRIVATE ROOMS PLUS A LOFT SPACE. TWO ROOMS HAVE A QUEEN BED, AND 2 ROOMS EACH WITH ONE TWIN BED). THERE ARE 2 TWIN BEDS IN THE LOFT SPACE. BEYOND THE ABOVE, THERE ARE "DORMITORY" ROOMS AVAILABLE AS NEEDED, CHARGED AT THE SAME RATE AS THE WW BUILDING.

IN THE MAIN WW BUILDING THERE ARE 2 SHARED BATHROOMS ON EACH WING. EACH HAS 1 SHOWER AND 2 TOILETS. ONE HAS 2 STALLS. ONE HAS A STALL AND URINAL: 4 BATHROOMS IN TOTAL. IN THE CHALET, THERE IS 1 SHARED FULL BATHROOM BETWEEN THE ROOMS AND THE LOFT, AS WELL AS A POWDER ROOM (1/2 BATH).

YOU WILL BRING YOUR OWN TOWELS, BED LINENS, BLANKETS AND TOILETRIES FOR THE RETREAT. NEARLY ALL MATERIALS FOR THE RETREAT ARE PROVIDED; HOWEVER, WE WILL BE CONDUCTING AN OPTIONAL LYING DOWN PRACTICE AND **WE ADVISE BRINGING A CAMPING TYPE SLEEP MAT, A LIGHT BLANKET AND A SMALL PILLOW.**

CHECK YOUR PREFERENCE BELOW FOR ACCOMMODATION AND MEALS: AND TO DETERMINE THE AMOUNT TO PAY. **IF WE DO NOT HAVE SPACE FOR YOUR FIRST CHOICE OF ACCOMMODATION WE WILL NOTIFY YOU.**

I PREFER A SINGLE ROOM IF AVAILABLE. I AM HAPPY TO SHARE A ROOM. I AM COMING WITH A FRIEND/PARTNER/COLLEAGUE AND WOULD LIKE TO SHARE A ROOM WITH THAT PERSON OR THOSE PEOPLE.

THE BASE PRICE STAYING AT WW IS: \$300. (INCLUDES STANDARD OR VEGETARIAN MEALS AND LODGING IN WW, PLUS THE REQUIRED RETREAT MATERIALS).

I PREFER TO STAY IN THE CHALET IF AVAILABLE: \$340

I PREFER TO ARRIVE THURSDAY NIGHT (11/6/25): (WW: \$325, CHALET: \$365)

I PREFER TO STAY AT WW AND I AM REQUESTING A VEGAN OR GLUTEN FREE MEAL: \$330 OR \$355 IF ARRIVING THURSDAY AFTER 6PM

I PREFER TO STAY AT THE CHALET AND I AM REQUESTING A VEGAN OR GLUTEN FREE MEAL: \$370 OR \$395 IF ARRIVING THURSDAY AFTER 6PM.





PAYMENT METHODS: WE WILL ACCEPT ELECTRONIC PAYMENTS ON OUR WEBSITE, OR VIA A PERSONAL CHECK:

-USE THE TEMPLATE ON PAGE 1 TO DETERMINE YOUR COST. IF YOU REQUIRE ASSISTANCE YOU CAN CONTACT DAVID AT: david@hospicewithoutborders.com

-IF PAYING BY CHECK: MAKE YOUR CHECK PAYABLE TO: **HOSPICE WITHOUT BORDERS AND MAIL TO 1713 STATE AVENUE NE, OLYMPIA WA 98506**

-IF PAYING BY CREDIT/DEBIT CARD: YOU CAN MAKE YOUR PAYMENT AT OUR WEBSITE USING THE DONATE BUTTONS. THIS IS A PAYPAL SYSTEM. www.hospicewithoutborders.com

PLEASE WRITE THE TOTAL AMOUNT CONTRIBUTED & PAYMENT DATE HERE: _____.

WE ENCOURAGE YOU TO RETURN THE COMPLETED REGISTRATION AS SOON AS FEASIBLE AS SPACE IS LIMITED. **WE WILL REGISTER PEOPLE ON A FIRST COME BASIS.** IF YOU ARE UNABLE TO GET A SPACE IN THIS YEAR’S PROGRAM, WE WILL CONTACT YOU AND YOU CAN CONSIDER REGISTERING FOR OUR SPRING COMMUTER RETREAT IN APRIL 2026 AT THE OLYMPIA FIG TREE. PLEASE CONTACT AT US AT 360-556-4974 OR EMAIL AT INFO@HOSPICEWITHOUTBORDERS.COM IF YOU WOULD LIKE ADDITIONAL INFORMATION.

NAME (AND PREFERRED PRONOUNS)	
MAILING ADDRESS	
PREFERRED EMAIL	
PREFERRED PHONE	
FOOD ALLERGIES	Item(s): Reaction(s):
EMERGENCY CONTACT INFO	Name: Best Way to Contact:



<p>PLEASE DESIGNATE THE TYPE OF MEAL OPTION FOR THE RETREAT YOU ARE REQUESTING.</p>	<p>_____ regular meals, non-vegetarian</p> <p>_____ vegetarian meals</p> <p>_____ vegan meals (100% plant based)</p> <p>_____ gluten free meals</p>
<p>DO YOU HAVE ANY MEDICAL CONDITIONS YOU WOULD LIKE WE KNOW ABOUT?</p> <p>MEDICATIONS YOU'RE TAKING YOU WANT US TO KNOW ABOUT?</p>	
<p>PLEASE SHARE WHY YOU ARE ENROLLING IN THIS PROGRAM?</p>	
<p>PLEASE SHARE WHAT YOU'RE HOPING TO ACHIEVE BY PARTICIPATING IN THE PROGRAM.</p>	



<p>HAVE YOU HAD ANY EXPERIENCE IN CARING FOR A DYING PERSON,.</p>			
<p>IF YOU HAVE EXPERIENCED THE DEATH OF A FRIEND, FAMILY MEMBER OR PERSON OTHERWISE CLOSE TO YOU IN THE PAST 12 MONTHS PLEASE TELL US ABOUT THAT.</p>			
<p>ATTESTATION</p>	<p>I DO AFFIRM THAT THE ALL THE INFORMATION SHARED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. I ATTEST THAT I HAVE BEEN VACCINATED AGAINST THE COVID-19 VIRUS, OR I HAVE A MEDICAL ~ SPIRITUAL/EXISTENTIAL REASON FOR NOT BEING VACCINATED, AND AS SUCH I AM WILLING TO WEAR A MASK DURING THE RETREAT IF I AM SICK IN ORDER TO PROTECT MY FELLOW RETREAT PARTICIPANTS.</p>		
<p>SIGNATURE</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;"></td> <td style="width: 30%; border: none; vertical-align: top;"> <p>DATE:</p> </td> </tr> </table>		<p>DATE:</p>
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