Women’s Healing Retreat

with Willow Tree medicine

# February 2019

Greetings Sister,

Thank you for your interest in our Women’s Healing Retreat hosted by Krista Ginn of Willow Tree Medicine. It is our passion to bring insight, healing, community and wholeness to our sisters across the nation and someday, across the globe. Through this intensive 5 day retreat you will learn the tools and techniques you need to heal and grow by leaps and bounds bringing more peace and clarity to your life and purpose. These valuable tools will assist you as you return home and continue your healing journey.

**RETREAT DETAILS**

Each morning you will be able to (optional) participate in an amazing gentle yoga class for woman of all skill levels. Awakening your body and giving her the movement she desires. Each day we will have morning meditation, lecture, ceremony, workshops and/or hands on activities along with crafts/art optional for your down time. Private massage and healing sessions will be available for an additional fee on a first come first serve basis. Keeping in mind that our limited private sessions book up fast. It is highly recommended that you supplement your stay with massage and/or healing work as it will enhance your experience and help to support your healing journey. Private energy sessions are available during early arrival times and on the last day if there is time. Massage will be scheduled throughout the retreat

Breakfast and lunch will be buffet style (more details will come in your welcome letter). Dinner will be a hot prepared meal each evening. Helping in the kitchen with meal prep and cleanup is expected as this allows us to come together in community and also help to keep the cost of the retreat down.

The cost of the retreat includes our program, your room and all meals. Most special dietary concerns can be accommodated. The price for rooms is $800 for a shared King or single/full bed in a shared room; $950 for a private king room.

Fill out the form included completely. We will use this information to contact you if necessary and will mail you a welcome letter upon registration. Leave any additional information you feel we may need on the reverse of this form. The applications will be used to evaluate the group’s highest cognitive purpose and accepted on a first come first serve basis. ­The information will be kept confidential and destroyed upon completion of the retreat.

Once you have completed the form, please return it to the address provided with your check deposit of $350. Understand that we have a minimum of 8 participants required and a maximum of 12. Once you have been registered, your deposit will be drawn and you will receive notification with additional information regarding the retreat.

If registration is full you will be placed on a waiting list. Your check deposit will not be drawn until you are on the registration list. Once we reach our minimum and the property has been secured, your deposit is non-refundable unless we are able to fill your spot with our waiting list.

Balance is due by Jan 15.

If you have any questions or concerns, feel free to contact Krista Ginn 757-635-0761.

Love and Light,

Krista Ginn

**Women’s Healing Retreat**

**Application Form**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sleeping Preference: On a first come first serve basis.

King Bed $950

Shared King Bed $800

Twin or Full Bed in shared room $800

I am attending with a friend I would like to room with: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about the retreat? (Check all that apply)**

\_\_\_ Paper Flyer \_\_\_Facebook Ad \_\_\_ Friend / Facilitator: name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What inspired you to register for the retreat? (Check all that apply)**

\_\_\_ Reiki Work \_\_\_Shamanic Work \_\_\_Yoga \_\_\_Massage \_\_\_Intuitive Work

\_\_\_Past Life Work \_\_\_Meditation \_\_\_Women’s Only Healing Community

\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What healing/bodywork experience or training have you acquired….What framework or spiritual practice are you coming from (We invited all beliefs and backgrounds. This information will not be used to exclude you, but to include you).**

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I understand that my application will not be evaluated without a deposit.

Mail deposits along with your application form to: Willow Tree Medicine c/o Krista Ginn

Write Checks out to Krista Ginn 147 Dock Landing Loop

South Mills, NC 27976