



Women's Spirituality Project

23172 Rein Ave.
Eastpointe, MI 48021
(586) 242-8270

Women's Wilderness Trip: Spiritual Perspective
APPLICATION FORM

This application will help us get to know you, to understand what you need and want to happen on this trip and will allow us to assess if this trip is a good fit for you at this time. This application is also designed to be a self-reflection tool, to help you to be intentional about your reasons for coming on a Wilderness Trip.

Trip Date(s) : _____

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Date of Birth (optional) _____

THOUGHTS/FEELINGS:

1. As you consider going on a Women's Wilderness Trip (WWT), what feelings and thoughts arise in you?

2. How do you feel this WWT might feed and enrich your personal and spiritual journey?

3. While we often think of peace and serenity as we head into the wilderness, spending time in the wilderness in a small, intentional community can have challenging moments. What concerns do you have about being in community with others for one week? How do you cope with stress in small group situations?

4. How did you hear about this Women's Wilderness Trip?

EXPERIENCE/SPECIAL NEEDS

This section is included to help the Wilderness Trip guides determine whether or not this trip is a good fit for you physically. It is also important for the guides to understand your wilderness experience level in order to help you prepare for this trip. This trip does require that participants are physically prepared, or are willing and able to physically prepare for the trip. This is important, not only for individual, but also for the group as a whole, since each participant is expected to carry her own pack (approx. 35 lb).

5. Have you backpacked before? No Yes
If yes, how extensive is your backpacking experience?

If no, what other types of outdoor experience have you had as an adult?

6. How would you rate your current physical health?
 Excellent Good Fair Poor

7. Are you currently under a doctor's care or have you been in the past year?
 No Yes
If yes, please explain:

8. Please share with us your current typical fitness regiment.

If you have no fitness regiment OR you do not feel that your typical regiment is adequate to prepare you for a backpacking trip, would you be willing to allow us to help you prepare by making some concrete suggestions? Can you think of any reason why this would not work for you?

9. All meals will be provided for the trip. It is important that we know your dietary needs in order to best prepare for the group, where possible.

Are you a vegetarian? No Yes

Do you have any special dietary needs? No Yes

If “yes,” please specify: _____

PERSONAL INFORMATION:

It has been our experience that participants are interested in knowing a little about the other participants on the trip. We invite you to tell us a little bit about you so that we can share your response with the rest of the group prior to our trip.

1. Please write three sentences describing what you would like your sister backpackers to know about you (e.g. where do you live, how do you spend your life energy, what tugs at your heart, etc.)

2. Why are you drawn (or called) to go on this Women’s Wilderness Trip?

3. Please share any additional comments, or needs that you have for this trip.

I understand that a non-refundable deposit of \$100 is due with my application and the remaining balance is due at least two weeks prior to the trip. I understand that if the leaders and I assess that this is not the right trip for me at this time, my deposit will be fully refunded. I understand that if I cancel after my registration is confirmed, I will receive only a partial refund unless my slot can be filled.

Applicant Name (printed): _____

Applicant Signature: _____

Date of Application: _____

Please submit this application with your check made payable to the Women's Spirituality Project, and mail it with your completed application to Debbie Wollard 23172 Rein Ave., Eastpointe, MI 48021

If you have any questions, or concerns about this application call Debbie Wollard at (586) 242-8270.

After the leaders receive the applications and review them, you will be contacted by Debbie and/or Miranda directly.

Thank you.