



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

Please complete this form and return either by post to:

Casting for Recovery
PO Box 3778
Manuka
ACT 2603

or email to info@castingforrecovery.org.au

Retreat Date: _____

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Postcode: _____

Telephone: Day _____ Mobile _____

Email: _____

Correspondence Preference: Post Email

How did you hear about us? _____

Once your registration is received we will send you an application form, medical clearance form and further information about the program.

Good luck with your registration!

Casting for Recovery ACT