



White Tail Lodge

GUEST APPLICATION FORM FOR BEREAVED FAMILIES

If you would like to come to White Tail Lodge please fill in the following application completely. Please be assured that all the information you give us will remain confidential and is being used solely for informational purposes. If you need help completing this form, please seek the assistance of a friend, family member, or the person who referred you to Smile Again Ministries. You may also call 320-310-8877 if you have any questions.

Please indicate your preferred dates of stay. You may select any number of nights, from a minimum of three nights to a maximum of five. White Tail Lodge is open Monday afternoon through Saturday morning. We have found it most beneficial if couples and/or families can stay for the entire week, but realize that schedules don't always allow this length of time. The cost of staying is \$150 per night if you stay just three nights, per family, with a maximum of five people. If you stay five nights the cost is just \$125 per night. This fee includes all counseling and a free continental breakfast each day.

(1) _____ (2) _____ (3) _____

Person completing this application: _____

Person who referred you to SAM: _____ (name and occupation/relationship)

Please share the name of your child that has died: _____ Date of birth: _____

Cause of death: _____ Age at time of death _____ Date of death: _____

Family Members Staying At White Tail Lodge:

Mother's name: First _____ Last _____

Father's name: First _____ Last _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone (father) _____ Work Phone (mother) _____

Email address: _____

Name(s) and age(s) of all your other children who will be staying at White Tail Lodge:

Name: _____ Birthdate: _____ Relationship: _____

Name: _____ Birthdate: _____ Relationship: _____

Name: _____ Birthdate: _____ Relationship: _____

Name: _____ Birthdate: _____ Relationship: _____

Do any of your children have an IEP (*individualized education plan*)? If yes, please explain. _____

Emergency Contacts:

Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____

Who/what has helped you/your family since your child's death and in what way? _____

Have you or anyone in your family been in any support groups or counseling? If yes, please explain how it has been helpful. _____

Describe any specific concerns that you or your spouse/partner have relating to your grief process and healing journey. _____

Describe any specific concerns that you or your spouse/partner have relating to your surviving children and any concerns that you've heard them express relating to their sibling's death: _____

How would you describe your family's communication regarding your child's death?

___ Open ___ Adequate ___ Very Little ___ Avoided ___ None ___ Desire More

Does anyone in your family have any health problems or allergies that we should be aware of? If so, please explain. _____

Is anyone in your family currently taking any prescription medication? If so, please list the name of the medication and the person taking it. _____

Please tell us about any special interests or hobbies:

Mother: _____

Father: _____

What are your expectations or hopes for your stay at White Tail Lodge? _____

Please know that every effort will be made to honor your requested date of stay; however, space is limited. Applications are processed in the order received and all information is confidential.

I/we understand and recognize staying at White Tail Lodge is contingent on approval of this application as well as compliance with all conditions, qualifications and restrictions designated by Smile Again Ministries.

Signature: _____ Date _____ Signature _____ Date _____

*Once your registration form is complete you may send it via email to pat@smileagainministries.com OR mail it to Patrick Misener, SAM, P.O. Box 563, Crosslake, MN 56442. We look forward to welcoming you to White Tail Lodge and hope it will be a haven that allows you and your family to relax, reconnect and continue your healing journey. **NOTE:** SAM is a smoke free and alcohol free environment. Thank you for understanding.*