

September 15-17, 2023

Camp Papillon • 210 Papillon Street, Saint-Alphonse-Rodriguez, QC J0K 1W0



Dear Clients:

Find below our registration form for the 2023 Family Retreat. Registration forms are for all individuals residing in the same group. Please complete this form and return it no later than **Friday, August 25, 2023**. This information is being collected for the purposes of planning for the Quebec Family Retreat, and will be used to make the appropriate arrangements for that event. Muscular Dystrophy Canada will not share or distribute your personal information for any other purposes, without your consent. If you have questions or to send completed registration forms:

SEND TO:

Muscular Dystrophy Canada

Attention: Ivy Pierre-Louis

Phone: 1-800-567-2873 ext 3108

Email: ivy.pierre-louis@muscle.ca

CLIENT

First Name:

Last Name:

Street address:

City: Province: Postal Code:

Phone Number: Alternate Number:

Email Address:

EMERGENCY CONTACT:

Name (someone who is not travelling with you to the Retreat):

Home phone: Mobile phone:

Relationship to the emergency contact:

PERMISSIONS

I grant permission to Muscular Dystrophy Canada to include my name, province, home phone and email address in the listing of Family Retreat participants, which will be given to all event participants. I understand that this list will be developed to help participants stay in touch following the event, and that Muscular Dystrophy Canada will not be responsible for how the event guests use this information.

☐ Yes

☐ No

I grant permission to Muscular Dystrophy Canada to photograph me during the Family Retreat and to use any photographs of me for Muscular Dystrophy Canada purposes, including education, awareness and marketing, in any media.

☐ Yes

☐ No

GUEST INFORMATION

Guest information, including client. Please include ages of children:

			F	M	Non-binary/ Other
1. Name:	Age:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Power w/c	<input type="checkbox"/> Manual w/c			
2. Name:	Age:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Power w/c	<input type="checkbox"/> Manual w/c			
3. Name:	Age:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Power w/c	<input type="checkbox"/> Manual w/c			
4. Name:	Age:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Power w/c	<input type="checkbox"/> Manual w/c			
5. Name:	Age:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Power w/c	<input type="checkbox"/> Manual w/c			

SPECIAL MEAL REQUIREMENTS

☐ Vegetarian: # of people:

☐ Life-threatening/serious allergies: # of people:

☐ Other (specify): # of people:

Please indicate for which meal(s) you will be present for:

Saturday ☐ Breakfast ☐ Lunch ☐ Dinner **Sunday** ☐ Breakfast

REQUIRED ACCOMMODATIONS

Please indicate which night(s) you require accommodations for:

☐ Friday night

☐ Saturday night

☐ No overnight accommodation (attending Saturday day-time only)

This weekend is made possible by the generous support of Tim Hortons groupe Angelini.

Tim Hortons. 

SPECIAL REQUESTS OR ADDITIONAL INFORMATION (PATIENT LIFT, HOSPITAL BED, ELECTRIC BED, ETC.)

Please note that due to a staffing shortage, it is requested that all participants bring their own pillow and either bedding (single) or sleeping bag.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This weekend is made possible by the generous support of Tim Hortons groupe Angelini.

Tim Hortons. 🍪