

# Registration Form

## **September 15-17, 2023**

Camp Papillon • 210 Papillon Street, Saint-Alphonse-Rodriguez, QC JOK 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**

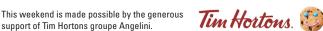
Attention: Ivy Pierre-Louis Phone: 1-800-567-2873 ext 3108 Email: ivy.pierre-louis@muscle.ca



CLIENT			
First Name:			
Street address:			
		Postal Code:	
Phone Number:		Alternate Number:	
Email Address:			
EMERGENCY CONTACT:			
Name (someone who is not tr	avelling with you to the Retre	at):	
Home phone:		Mobile phone:	
Relationship to the emergence	y 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 quests use this information. No Yes 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. No Yes **GUEST INFORMATION Guest information, including client. Please include ages of children:** M Non-binary/ Other 1. Name: Age: ■ Ambulatory ☐ Power w/c ■ Manual w/c 2. Name: Age: Ambulatory □ Power w/c ■ Manual w/c 3. Name: \_\_\_\_\_\_ Age: \_\_\_\_\_ ☐ Power w/c Ambulatory ■ Manual w/c 4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Power w/c ■ Ambulatory ☐ Manual w/c 5. Name: \_\_\_\_\_ Age: \_\_\_\_ □ Power w/c ■ Ambulatory ☐ 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)







# 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.						





