

September 20-22, 2024 • *Campfire Circle Muskoka - 4256 ON-141, Rosseau, Ontario P0C 1J0*



Dear Clients:

Find below our registration form for the 2024 Family Retreat. One registration form will be used for all individuals in the same group. Please complete this form and return it no later than **August 14, 2024**. Please note, registration is on a first come first serve basis. Registrations will only be confirmed upon receipt of a fully completed registration form. This information is being collected for the purposes of planning for the Ontario 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:

Maryanne Piacente
maryanne.piacente@muscle.ca
1-800-567-2873 ext. 0132

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 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 note: The typical accommodation for this family retreat is dorm style lodging (mix of bunk beds and single beds).

Do you have any specific accommodation requests? If so, please indicate below:

.....

.....

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

Friday night

Saturday night

