

Registration Form

September 20-22, 2024

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



Dear Clients:

Find below our registration form for the 2024 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 23, 2024**. 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

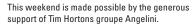
Attention: Ivy Pierre-Louis Phone: 1-800-567-2873 ext 3108 Email: ivy.pierre-louis@muscle.ca



CLIENT			
First Name:			
Last Name:			
Street address:			
City:	Province:	Postal Code:	
Phone Number:	Alternate Number:		
Email Address:			
EMERGENCY CONTACT:			
Name (someone who is not travell	ing with you to the Retreat):	
Home phone:	N	Nobile phone:	
Relationship to the emergency cor	ıtact:		









PERMISSIONS

	-		me during the Family Retreat a ation, awareness and marketi			graphs
		Yes	☐ No			
GUEST IN	FORMATION					
Guest info	ormation, including clien	t. Please include ages of part	icipants:	F	М	Non-bina
1. Name:			Age:			Other
	□ Ambulatory	☐ Power w/c	☐ Manual w/c			
2. Name:			Age:			
	□ Ambulatory	☐ Power w/c	☐ Manual w/c	_	_	_
3. Name:			Age:			
	□ Ambulatory	☐ Power w/c	☐ Manual w/c	_	_	
4. Name:			Age:			
	□ Ambulatory	☐ Power w/c	☐ Manual w/c			_
5. Name:			Age:	D [
	□ Ambulatory	☐ Power w/c	☐ Manual w/c	_		_
SPECIAL I	MEAL REQUIREMENTS					
Vege	tarian:			# of people:		
Life-threatening/serious allergies:			# of people:			
Other (specify):			# of people:			
	dicate for which meal(s) y					
Saturday	□Breakfast □Lunch	□Dinner Sunday □Bre	eakfast			
REQUIRED) ACCOMMODATIONS					
Please in	dicate which night(s) you	require accommodations for:				
	Friday nig	ht				
	Saturday	night				
	No overni	ght accommodation (attendin	g 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.





