



**Registration Form**

RETURN BOTH COPIES TO:

**YOLA CORNACCHIA (416) 783-3802**

**141 Lyon Court, Apt. 707, Toronto, ON M6B 3H2 CANADA**

*(Canadian members please include self-addressed, stamped envelope)*

**Site:** Camp Caroline  
**Location:** Caroline, Alberta, Canada  
**Dates:** June 6 – 11, 2010  
**Website:** [www.campcaroline.ab.ca](http://www.campcaroline.ab.ca)

**A \$50.00 CANCELLATION FEE ON REGISTRATION REFUNDS WILL BE CHARGED**

Please **TYPE** or **PRINT**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ NAME FOR BADGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY \_\_\_\_\_ PROV/ \_\_\_\_\_ POSTAL/ \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**REGISTRATION FEE \$475.00 Canadian Funds (G.S.T. included #12942 9643RT)**

Enclosed is **MONEY ORDER #** or **CHECK #** \_\_\_\_\_ payable to **TOPS Canadian Retreat**

**REGISTRATION INCLUDES LODGING, MEALS, and RETREAT ACTIVITIES**

IN CASE OF EMERGENCY, CONTACT:

NAME \_\_\_\_\_ + \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV/ \_\_\_\_\_ POSTAL/ \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Please share your **birth date:** \_\_\_\_\_ **Month** \_\_\_\_\_ **Day** \_\_\_\_\_  
What is your Sleeping Schedule? \_\_\_\_\_ **Early to rise** \_\_\_\_\_ **Late to bed**

- Can you provide transportation for retreatants to/from site .....  **YES**  **NO**
- Are you Field Staff? .....  **YES**  **NO**
- Are you a KOPS? .....  **YES**  **NO**
- Is this your first retreat? .....  **YES**  **NO**
- Do you smoke? .....  **YES**  **NO**
- Can you climb stairs? .....  **YES**  **NO**

**To attend retreat, you must be able to walk two city blocks unassisted. You must be able to take care of your own personal needs. If you have either of these challenges, you are responsible to provide your own transportation and/or a "caregiver" to assist you. The "caregiver" will be charged the retreat fee. If you have any other SPECIAL NEED or DISABILITY that has a special requirement, please note on back of this form. Retreat Director will review and advise you as to our ability to accommodate it.**

Camp Caroline, TOPS Club, Inc. & Deanna Bies, Retreat Director, are not liable for accidents, injury or illness that may occur or for any loss of, or damage to, personal effects. Each retreatant is liable for his/her own medical expenses.

**I HAVE READ AND SHALL ABIDE BY ALL RETREAT RULES**

SIGNATURE: \_\_\_\_\_ TOPS Membership # \_\_\_\_\_

My Coordinator \_\_\_\_\_ My Chapter is TOPS \_\_\_\_\_, \_\_\_\_\_