



TOPS Retreat Registration Form

Site: Franciscan Center
 Location: Tampa, Florida
 Dates: December 1 – 3, 2017
 Website: <http://www.franciscancentertampa.org>

Please **TYPE** or **PRINT** (one form may be used for two persons if same address)

DATE _____

#1: NAME _____ NAME FOR BADGE _____
 PHONE () - CELL () - EMAIL _____
 ADDRESS _____
 CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

#2: NAME _____ NAME FOR BADGE _____
 PHONE () - CELL () - EMAIL _____
 ADDRESS _____
 CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

Registration Fee \$320.00 U.S. Funds each
 Enclosed is **MONEY ORDER #** or **CHECK #** _____ payable to **TOPS Club, Inc.**
 Registration includes lodging, meals, and retreat activities.

IN CASE OF EMERGENCY, CONTACT:

NAME _____ OR _____
 PHONE () - CELL () - PHONE () - CELL () -
 CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

Member	#1	#2
Birthdate	Month: Day:	Month: Day:
Are you Field Staff	Y or N	Y or N
Are you a KOPS?	Y or N	Y or N
Is this your 1 st retreat?	Y or N	Y or N
Do you smoke?	Y or N	Y or N
Can you climb stairs?	Y or N	Y or N

Member	#1	#2
Can you provide transportation for retreatants to/from the site?	Y or N	Y or N
Can you walk 2 city blocks unassisted?	Y or N	Y or N
Do you have a disability or special need?	Y or N	Y or N
Do you need someone to assist with everyday tasks?	Y or N	Y or N
Do you have special dietary needs or food allergies? *	Y or N	Y or N
We wish to room together if lodging is shared.	Y or N	Y or N

TOPS RETREAT RULES: I understand that to provide the best experience possible for myself and all retreatants that I am bound by TOPS Retreat Rules. My **initials on each line below** indicate that I have read and will abide by the rules.

#1 #2

____ I understand that if I am unable to walk two city blocks unassisted and/or if I cannot take care of my own personal needs and require help with basic tasks, then I must bring a "caregiver" who must register and pay for retreat in advance.

____ I understand that I must disclose any special need or disability on the back of this form and that the Retreat Directors will review it and advise me as to TOPS Club's ability to accommodate it.

____ I understand that I am not allowed to bring any outside food or drink unless I have received permission in advance.

____ I understand that a \$50.00 cancellation fee will be deducted from any refunds and that if the hosting facility requires a cancellation fee then that fee will also be deducted. I understand I will receive no refund if I am asked to leave retreat.

____ I understand that I am liable for my own medical expenses.

____ I understand that if I violate TOPS Retreat Rules by failing to bring a caregiver when needed or by bringing my own food without permission, or that if I otherwise violate the rules and guidelines as determined by the Retreat Directors in their sole discretion, that my participation in the retreat will be ended and I must leave the retreat.

____ I have read and understand the TOPS Retreat General Guidelines included in this application and will abide by and respect the guidelines, especially in regards to smoking, alcohol use, confidentiality, and outside contact.

____ I understand that Franciscan Center, TOPS Club, Inc., and 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.

I have read and initialed each rule above. I shall abide by all retreat rules as well as the TOPS Retreat General Guidelines.

#1 Signature _____ **TOPS Membership #** _____
 My Coordinator _____ My Chapter is TOPS _____,

#2 Signature _____ **TOPS Membership #** _____
 My Coordinator _____ My Chapter is TOPS _____,

**Please return a copy of this form within 2 weeks of receipt to confirm your registration to:
 Laurie Blada • 414-482-4620 • TOPS Club, Inc. • P.O. Box 070360 • Milwaukee, WI 53207**