



# TOPS Retreat Registration Form

**Site:** Shekinah Retreat Centre  
**Location:** Waldheim, SK, Canada  
**Dates:** June 8-10, 2018 (Friday-Sunday)  
**Website:** <https://www.shekinahretreatcentre.org/>  
**Retreat cost:** \$279.00 Canadian Funds

Each registration includes lodging, meals, and retreat activities  
 Payment was made online with credit card \_\_\_\_\_  
 Enclosed is check # \_\_\_\_\_ payable to TOPS Canadian Retreat

Please **PRINT** (one form may be used for two persons registering together)

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 \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT:**

NAME \_\_\_\_\_ OR \_\_\_\_\_

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

**Registered members must answer all questions below, initial, and sign where indicated or form will be returned**

Member	#1	#2	Member	#1	#2
Birthdate	Month: Day:	Month: Day:	Can you provide transportation for retreatants to/from the site?	Y or N	Y or N
Are you Field Staff?	Y or N	Y or N	Can you walk 2 city blocks unassisted?	Y or N	Y or N
Are you a KOPS?	Y or N	Y or N	Do you have a disability or special need?	Y or N	Y or N
Is this your 1 <sup>st</sup> retreat?	Y or N	Y or N	Do you need someone to assist with everyday tasks?	Y or N	Y or N
Do you smoke?	Y or N	Y or N	Do you have special dietary needs or food allergies? *	Y or N	Y or N
Can you climb stairs?	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 Shekinah Retreat Centre, TOPS Club, Inc., and Terri Ord, 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:**  
**Pat Hanson, 448 25<sup>th</sup> Avenue NE, Calgary, AB T2E 1Y3 CANADA (403) 226-0181**