



# TOPS Retreat Registration Form

TAKE OFF POUNDS  
SENSIBLY

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

**PLEASE COMPLETE ALL REQUIRED AREAS ON THE FORM AND SIGN AT THE BOTTOM**

**Site:** Cedar Canyon Camp  
**Location:** 5130 Memorial Rd, Rapid City, SD 57783  
**Dates:** September 15-20, 2019 (Sunday-Friday)  
**Website:** <http://www.cedarcanyoncamp.com>  
**Retreat cost:** \$475.00 U.S. Funds  
 Each registration includes lodging, meals, and retreat activities  
 Payment was made online with credit card: Y N  
 Enclosed is check # \_\_\_\_\_ payable to TOPS Club, Inc.  
**Please return a copy of this form within 2 weeks of receipt to confirm your registration to:**  
 TOPS Club, Inc. Attn: Laurie Blada, TOPS Retreat Registrar  
 • P.O. Box 070360 • Milwaukee, WI 53207

**#1: NAME** \_\_\_\_\_ **TOPS MEMBERSHIP #** \_\_\_\_\_

PHONE ( ) - CELL ( ) - EMAIL \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

**#2: NAME** \_\_\_\_\_ **TOPS MEMBERSHIP #** \_\_\_\_\_

PHONE ( ) - CELL ( ) - EMAIL \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

### IN CASE OF EMERGENCY, CONTACT:

**#1** \_\_\_\_\_ **#2** \_\_\_\_\_  
 PHONE ( ) - CELL ( ) - PHONE ( ) - CELL ( ) -

**Registered members must answer all questions below, initial, and sign where indicated or form will be returned. If needed, use back of this form to explain disability/special need/dietary need/allergies or any other issues**

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 Male or Female?	M or F	M or F	Do you have a disability or special need?*	Y or N	Y or N
Are you Field Staff?	Y or N	Y or N	Do you need someone to assist with everyday tasks?*	Y or N	Y or N
Are you a KOPS?	Y or N	Y or N	Do you have special dietary needs or food allergies? *	Y or N	Y or N
Is this your 1 <sup>st</sup> retreat?	Y or N	Y or N	Can you walk two city blocks unassisted?	Y or N	Y or N
Can you climb stairs?*	Y or N	Y or N	First & last name of who you will room with:		
Do you smoke?	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 **Cedar Canyon Camp, 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** \_\_\_\_\_  
 My Coordinator \_\_\_\_\_ My Chapter is TOPS \_\_\_\_\_,  
**#2 Signature** \_\_\_\_\_  
 My Coordinator \_\_\_\_\_ My Chapter is TOPS \_\_\_\_\_,