

TOPS Club, Inc. Retreat Registration Form

Please return a copy of this form within 2 weeks of receipt to confirm your registration to:
TOPS Club, Inc. Attn: Katelyn Peters, TOPS Retreat Registrar
P.O. Box 070360 • Milwaukee, WI 53207
If two persons are registering together this form may be used for both members

YOU MUST COMPLETE ALL REQUIRED AREAS ON THE FORM AND SIGN AT THE BOTTOM.

If needed, use the back of this form to explain Disability/ Special Need/Allergies or any other issues.

Site: Chapel Rock Camp & Conf. Center
Location: 1131 Country Club Dr. Prescott, AZ 86303
Dates: Monday, March 4 – Friday, March 8, 2024
Website: <http://www.chapelrock.net/>
Retreat cost: \$548.00 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.

#1: NAME _____ TOPS MEMBERSHIP # _____
PHONE (____) _____ - _____ EMAIL _____
ADDRESS _____
CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____
IN CASE OF EMERGENCY CONTACT: NAME _____ PHONE # _____

#2: NAME _____ TOPS MEMBERSHIP # _____
PHONE (____) _____ - _____ EMAIL _____
ADDRESS _____
CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____
IN CASE OF EMERGENCY CONTACT: NAME _____ PHONE # _____

Member	#1	#2
Birthdate	Month: Day:	Month: Day:
Are you Male or Female?	M or F	M or F
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
Can you climb stairs?*	Y or N	Y or N
Do you smoke?	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
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
Can you walk two city blocks unassisted?	Y or N	Y or N
First & last name of who you will share a room with:		

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 disability or special need 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 sales of items by retreatants is not allowed at retreats.
- 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 **Chapel Rock (Prescott, AZ), 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 _____ #2 Signature _____