



**BCANS R n' R (Reconnect n' Revive) Retreat
Registration Form
October 6th -8th 2017**

Name: _____

Mailing Address:

Email: _____

Phone: _____

Emergency contact: _____

Phone: _____

Relation: _____

Attending:

Full Weekend - \$65

Saturday Only (Includes meals banquet, accommodation) \$50

For further questions, please contact Amanda at 902-222-6643

Office use:

Room: _____

Roommate: _____

Are stairs an issue for your mobility? **Y / N**

If Yes, please indicate what you CAN work with over the weekend easily:

5-6 steps/half flight

12-14 steps/full flight

I cannot climb steps

Do you have mobility issues and need to use a walker or wheelchair? **Y / N**

Do you need to be in close proximity to a toilet (same level, no stairs) **Y / N**

Do you have any dietary restrictions? **Y / N**

If Yes, please indicate any of the following that apply to you:

Celiac Dairy Allergy Vegetarian (still eat eggs and dairy) Vegan Other: _____

Do you have a preference for a roommate if your room has two beds? **Y / N**

If Yes, please indicate their name and where they are traveling from:

(Rooms are assigned based on mobility issues, roommate preference, location traveling from first)

Payment

Please submit your completed registration form and payment **NO LATER THAN September 1st 2017.**

Cheques are to be made payable to Breast Cancer Action Nova Scotia (BCANS)

Postdated for September 15th 2017.

Please mail printed forms and cheques to; **PO BOX 831 Dartmouth, NS B2Y 3Z3**

Emailed forms and Electronic Money Transfer (EMT) is also accepted, please send to;

breastcancerretreatns@gmail.com

Cancellation - We understand personal circumstances may change. Cancellations will be accepted until September 14th 2017.

Theme suggestions for future years:
