

FAMILY WEEKEND PROGRAM Registration Form

Please write in block letters								
One registration form per person. Please photocopy if more are needed.								
Ms.	Mrs. Mi	ss. Mr.	Dr.					
Last name:		First	name:	Initials:				
Organization name:								
Mailing Address:								
City:	Pro	ov/State:		Postal Code:				
Daytime phone:			Fax:					
Email:								
Name of Family Member/Partner/Spouse participating at SCHC:								
Where did you hear about this program?								
Physician/ Therapist	Website	Family Membe	Friend/ Co-worker	Other				
Medical Information								
Please indicate any of t	ne following that n	nay apply to you or	someone in your group:					
Food allergies:	Yes	No	Other allergies:	Yes	No			
Diabetes:	Yes	No	Seizure Disorder:	Yes	No			
Heart Condition:	Yes	No						
Please describe:								
Are you able to walk, f	Yes	No						

Miscellaneous

Please note that participants are required to refrain from use of any alcohol or drugs during participation in the Family Weekend.

Tuition Fees

There is no charge for the Family Weekend. Participants are provided free program literature, continental breakfasts, lunches, and refreshment breaks. All participants must be pre-registered by 4:30 PM Pacific Standard Time zone on the Tuesday prior to commencement.

Program dates			
Please call 1.866.487.9050 ex	t. 205 to confirr	n the dates of the next pr	rogram, list requested dates below.
Start Date, Friday	Month	Day of Month	
End Date, Sunday	Month	Day of Month	
End Date, Monday	Month	Day of Month	
Today's Date	Month	Day of Month	
Program location			
Select the location at which y	ou wish to parti	cipate in the Family Weel	kend.
Powell River		Calgary	
Couples Day			
I will be participating	in the Couples [Day.*	
	day morning follow		a partner/spouse in SCHC's Program. Veekend and is subject to facilitator