



## Retreat Application Form

Retreat Location: \_\_\_\_\_ Retreat Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency contact during retreat: \_\_\_\_\_ Telephone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Occupation \_\_\_\_\_

How/Where did you hear about Reel Recovery? \_\_\_\_\_

Please describe your experience with cancer (date of diagnosis, type of cancer, treatment, current status) \_\_\_\_\_

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Do you have any physical restrictions and/or special needs? \_\_\_\_\_

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Please tell us any issues/topics you would like to discuss at the retreat \_\_\_\_\_

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Do you have any dietary preferences/requirements? \_\_\_\_\_

Do you have any previous fishing experience? \_\_\_\_\_

Have you ever attended a support group or retreat before? \_\_\_\_\_ If so, please describe \_\_\_\_\_

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Feel free to provide any additional information: \_\_\_\_\_

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