



Family Retreat Application Form

July 24-28, 2020

Windsor Hotel, Trout Lake, BC

For Single-parent families and Step-families



Attending Parent(s) **Application date:**
Child **Age** **Health Care #**
Child **Age** **Health Care #**
Child **Age** **Health Care #**
Phone Home Mobile **Email**
Street Address
City **Prov** **Postal Code**
Emergency Contact: Name **Phone**
Food Allergies?
Other Health issues?

Fees: Adult \$250 First child \$75 Additional children \$45/ea
 Questions? Sarah Moss 403-289-8555 sarah@cornerstoneofhope.ca
 Space is limited, register early. Full Payment must be received by June 24. No refunds after July 1, 2020.

I plan to: Drive my own car: **Carpool with someone:** _____

Payment in the amount of \$ (Please do not send cash in the mail)

Make cheques payable to: Cornerstone of Hope Cash Cheque E-Transfer

Mail form to: Cornerstone of Hope
 PO Box 51153, Beddington PO
 Calgary, Alberta T3K 3V9

Or email to: sarah@cornerstoneofhope.ca



For office use only: Date received _____ Fees paid: _____ Staff position: _____