

Application Form **Faith & Sharing Retreat**

Please print.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

Are you able to help someone this weekend? [ Y / N ]

Please help us help you by answering the following questions.

**Transportation:**

Need Transportation? [ Y / N ]

Explain: \_\_\_\_\_

Use a wheelchair? [ Y/N ]

Need assistance to push chair? [ Y/N ]

Explain: \_\_\_\_\_

**Assistance:**

With suitcases? [ Y / N ]

With bathroom? [ Y / N ]

With getting around? [ Y / N ]

Are you bringing an assistant with you? [ Y / N ]

Name of the person & phone#: \_\_\_\_\_

Assistant need a scholarship? [ Y/N ]

\$ \_\_\_\_\_

**Room:**

Special room arrangement? [ Y / N ]

Do you need to room with someone? [ Y / N ]

Their Name: \_\_\_\_\_

Do you need to be near the elevator? [ Y / N ]

Do you need a hospital bed? [ Y / N ]

Or a Special bed? [ Y / N ] Explain: \_\_\_\_\_

Do you need to be near a bathroom? [ Y / N ]

Do you require a commode in the bedroom? [ Y / N ]

Do you have special needs? [ Y / N ]

Deaf? [ Y / N ] → Signing? [ Y / N ]

Blind? [ Y / N ] → Have a guide dog? [ Y / N ]

Diabetic? [ Y / N ]

Please check the days you will attend:

- Full retreat [ ]
- Friday [ ]
- Saturday [ ]
- Sunday [ ]

(Used for planning meals.)

**Dietary needs please specify:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medication:**

Do you need a nurse to dispense your medications? [ Y / N ]  
Bring medication sheet if applicable.

**Talent:**

Are you a musician? [ Y / N ]

Instrument? \_\_\_\_\_

Would you like to share your talent on the weekend? [ Y/N ]

+++++

I am requesting a partial Scholarship\* of \$ \_\_\_\_\_

E-mail address? \_\_\_\_\_

\* must be requested before January 15, 2009

**Three Payment schedule: Make check out to:**

**Faith & Sharing Retreat**

- September 2, 2008 \$25.00 [ Y / N ]
- November 1, 2008 \$60.00 [ Y / N ]
- February 10, 2009 \$60.00 [ Y / N ]

or

total payment of \$145.00 [ Y / N ]

- Donation enclosed: \$ \_\_\_\_\_

Please send application to:

**Cindy Cosman**  
 3087 Eggert Rd  
 Tonawanda, NY 14150  
 (716) 446-0090