



Camp HE HO HA



## 16<sup>th</sup> Annual Alberta Family Retreat

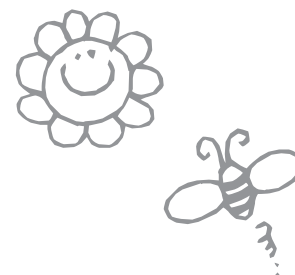
September 21-23<sup>rd</sup>, 2018  
Seba Beach, Alberta

Dear clients:

Please complete this form and **return it no later than Friday, August 31<sup>st</sup>, 2018**. This information is being collected for the purposes of planning for the Alberta Family Retreat, near Edmonton, Alberta, and will be used to make the appropriate arrangements for that event. Muscular Dystrophy Canada will not share or distribute your personal information for any other purposes, without your consent.

**SEND TO:**  
**Muscular Dystrophy Canada**

Attention: Fraser Hall  
100, 16812-114 Ave,  
Edmonton, AB T5M 3S2  
Tel: (780)489-6322 x 5103  
Toll-Free: 1.800.366.8166 x 5103  
Fax: (780)486-1948  
email: fraser.hall@muscle.ca



### CLIENT INFORMATION

First Name: .....

Last Name: .....

Nickname (for nametag): .....

Street address: .....

City: ..... Province: ..... Postal Code: .....

Phone Number: ..... Alternate Number: .....

Email Address: .....

**EMERGENCY CONTACT:**

Name (someone who is not travelling with you to the Retreat): .....

Home phone: ..... Mobile phone: .....

Relationship to the emergency contact: .....

**GUEST INFORMATION**

**Guest information; including client. Please include ages of children:**

1. Name: ..... Age: .....  F  M  
 Ambulatory  Power w/c  Manual w/c

2. Name: ..... Age: .....  F  M  
 Ambulatory  Power w/c  Manual w/c

3. Name: ..... Age: .....  F  M  
 Ambulatory  Power w/c  Manual w/c

4. Name: ..... Age: .....  F  M  
 Ambulatory  Power w/c  Manual w/c

5. Name: ..... Age: .....  F  M  
 Ambulatory  Power w/c  Manual w/c

**SPECIAL MEAL REQUIREMENTS**

Vegetarian: ..... # of people: .....

Life-threatening/serious allergies: ..... # of people: .....

Other (specify): ..... # of people: .....

**MEDICAL EQUIPMENT (OPTIONAL)**

Muscular Dystrophy Canada advises, that to ensure comfort, please bring any personal assistive devices with you that you may need. If you require medical equipment, such as a lift or a commode chair, please complete the enclosed "Equipment Rental Order Form".

Please contact us to make special arrangements for equipment needs.



Name: .....

**Hoyer Lift** (sling NOT included - please bring your own sling)

Additional Info: .....  
.....  
.....



**Transfer Board**

Additional Info: .....  
.....  
.....



**Wheeled Shower Commode**

Additional Info: .....  
.....  
.....



**Raised Toilet Seat**

Additional Info: .....  
.....  
.....



**Bath Bench**

Additional Info: .....  
.....  
.....