

# Soaring Spirits Retreat Registration Form

Suttle Lake Camp & Retreat Center, Suttle Lake, Oregon

**Pre-registration is required for all campers.** To reserve a place at camp, please complete form and return with payment to: St. Charles Cancer Services; 2500 NE Neff Rd; Bend, OR 97701 (checks made out to St. Charles Foundation-Soar). If you have any questions, please call the Survivorship Office @ 541.706.7743 or email [mpjohnson@stcharleshealthcare.org](mailto:mpjohnson@stcharleshealthcare.org). Registration deadline August 6 – first come, first served.

Cancer Survivor Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Type of cancer: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse (if attending camp): \_\_\_\_\_ Age: \_\_\_\_\_

Family members attending camp (use back if needed):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Health Info** – Do you or attending family members have food allergies? Use back if needed.

\_\_\_\_\_

Please note that we provide **basic first aid only**. We do not have the staff to support special needs. Is there anything we need to know about your health or attending family members' health should emergency treatment be necessary (i.e., diabetic, seizures, medications)? Use back if needed.

\_\_\_\_\_

\_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In signing this form, I hereby certify that this information is correct. In case of medical emergency, I understand that every effort will be made to contact the emergency contact listed above. In the event they cannot be reached, I hereby give permission to the medical personnel selected by the Camp Director to secure and administer treatment, including hospitalization, and to provide or arrange necessary related transportation for me or my family members.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Camp Costs** – I am enclosing:

- Candlelighter Family
- \$80 per adult for full weekend (2 nights lodging, 5 meals and all activities)
- \$220 per family, 2 adults max (2 nights lodging, 5 meals and all activities)
- \$20 per person for Saturday day use (2 meals and all activities)
- \*Requesting scholarship assistance:  Full ride  Partial scholarship needed \$ \_\_\_\_\_

\*For those applying for scholarship assistance, your application will be wait-listed in the order it is received. In the case where partial scholarship is awarded, receipt of final payment will reserve your place at camp.

**Activities** – To give us a general idea of how to prepare, please select activities that interest you:

- Hiking  Canoeing/Kayaking  Swimming  Obstacle Course  Writing Workshop  Manicure
- Bird-Watching  Knitting  Horseback Riding  Bird-house Building  Face Painting