

**Project New Hope Canada Inc.
Family Retreat Registration Form**

****All information will be kept confidential before, during and after the Retreat****

| | |
|----------------------------|--|
| Name | |
| Gender | |
| Birth Date | |
| Address | |
| City | |
| Province | |
| Postal Code | |
| Telephone Number(s) | |
| Email Address | |

Family members attending with you:

| Name | Gender | Age | Relationship to You |
|-------------|---------------|------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Reason(s) for attending the Retreat

Please complete a medical form for each family member.