



## Care and Share Bereavement Retreat Registration Form

October 3<sup>rd</sup>, 2012

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

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Dietary restrictions and/or allergies: \_\_\_\_\_

Serious medical conditions (i.e. epilepsy): \_\_\_\_\_

Whose death are you grieving? \_\_\_\_\_

Date of death: \_\_\_\_\_ Nature of death: \_\_\_\_\_

### Emergency Contact

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

Phone Number: \_\_\_\_\_

How did you hear about the *Care and Share* Bereavement Retreat? \_\_\_\_\_

Will you be taking the bus? Yes  No

Please choose **two** activities that you would like to participate in during the afternoon

Art Therapy  Forest Walk  Labyrinth  Relaxation Yoga

Please select the complimentary therapy that you would prefer

Place 1 beside your first choice and 2 beside your second choice. Each participant will only receive one therapy.  
(Please note that we cannot guarantee your therapy of choice and preference will be given to the first 20 registrants).

Reiki  Reflexology  Head / Neck Massage

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Please complete and return by Email, Fax or Mail by **September 24, 2012**

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Fax: 613-591-7002

Mail: Friends of Hospice Ottawa

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