



Retreat Application Form

Retreat is free to participants. Lunch will be provided. Space is limited and available upon a first come basis.

Requirements:

- ✓ One application form per family
- ✓ Family must reside in northern Nevada and have a child between 10 and 18 that has been or is being treated for cancer
- ✓ Each patient and all siblings must be between the ages of 10 and 18
- ✓ All participants under the age of 18 must be accompanied by a parent or guardian
- ✓ Participants are responsible for their own transportation to and from the preserve

Parent/Guardian # 1 Name: _____ T-Shirt Size: _____

Parent/Guardian # 2 Name: _____ T-Shirt Size: _____

Patient Name: _____ Age: _____ T-Shirt Size: _____

Sibling #1 Name: _____ Age: _____ T-Shirt Size: _____

Sibling #2 Name: _____ Age: _____ T-Shirt Size: _____

Sibling #3 Name: _____ Age: _____ T-Shirt Size: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Please describe the patient's experience with cancer (date of diagnosis, type of cancer, treatment, current status) _____

Does anyone have any physical restrictions and/or special needs? _____

Does anyone have any dietary preferences/requirements? _____

Feel free to provide any additional information on a separate sheet of paper.

Please send completed application to:
The Keaton Raphael Memorial
Email: Reno@ChildCancer.org • Fax: (775) 201-7509
Mail: 980 Sandhill Rd, Ste 200, Reno, NV 89521
Questions?? Call (775) 327-6275

