



EVENT APPLICATION

Complete this form and email to srmluka@schoenstatt.org.au
For further enquiries Phone: 0439 537 843

EVENT DETAILS

Event Name:	March 2024 Weekend 18+ Marian Lenten Retreat				
Start Location:	Vincentians Retreat Centre, 625 Nettleton Rd, Karrakup	Date:	2/3/2024	Time:	9am
Finish Location:	Vincentians Retreat Centre, 625 Nettleton Rd, Karrakup	Date:	4/3/2024	Time:	2pm

PARTICIPANT DETAILS

First Name:		Middle Name:		Last Name:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:		Age:		
Address:		Suburb:		State:		Postcode:	
Mobile:		Email:					

MEDICAL DETAILS

Please advise us of your health and fitness, including any medication (with instructions) you will bring with you.

Medication (Type/Name):		Dosage:		Frequency:	
Other Information <i>e.g. Ailments / Disabilities:</i>					

DIETARY NEEDS & PROVIDING FOOD ITEMS FOR THE RETREAT

For special diets, please provide examples (brand names etc) of what you can eat.

Do you have any food allergies, or dietary requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you ticked yes, please specify	
Could you prepare / bring along one of the following food items: a plate to share for Saturday dinner, breakfast items, meat or salad for BBQ dinner on Sunday, as well as snacks.	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT

Name:		Relationship to Participant:			
Address:					
Suburb:		State:		Postcode:	
Home Phone:		Work Phone:		Mobile Phone:	

LIABILITY STATEMENT (WAIVER) I the participant have read and agree to the Event Code of Conduct. I consent for the Leader in charge of the activity to seek medical assistance for me should the need arise, understanding that I will be liable for any expense incurred. I understand that photos, video, and audio may be captured at this event and consent for them to be used for promotional purposes.

Signature of Participant:		Date:	
---------------------------	--	-------	--