



Creating A New Path



February 16, 17, 18 & March 15, 16, 17, 2023

Applicant's Name: _____ Phone Number: _____

Email/Facebook page _____

Reachable contact information

Address: _____
Unit/Apt # Street # Street Name City Province Postal Code

People who will be joining our Healing Camp, including applicant

First and Last Name	DOB [dd-mm-yyyy]	Age	Pronoun

Medical Information

Do you or your family have any life-threatening allergies? Yes No Unknown

Do you or your family have any dietary restrictions? Yes No

Family Doctor's Name: _____ Phone: _____

Emergency Contact : _____ Phone: _____

Other information that we should know about: _____

Applicants signature _____ Print name _____ Date _____

Received by: _____ Approved by: _____

Office Use Only