

FIREFIGHTERS BURN INSTITUTE

"Beyond Surviving" Adult Burn Survivor Recovery Retreat May 3-5, $2019\,$

PARTICIPANT APPLICATION

PERSONAL INFORMATION

Application Deadline: March 1, 2019

Last First MI Nickname M/F	Name:					
Street Address City State Zip	- (00	Last	First	MI	Nickname	M/F
Phone #: () - Email: Emergency Contact:	Address:					
Emergency Contact: Name		Street Address		City	State	Zip
T-Shirt Size: SPOUSE INFORMATION (If attending retreat) Name:	Phone #:	() -		Email:		
T-Shirt Size: SPOUSE INFORMATION (If attending retreat) Name:	Emergen	cy Contact:			()	-
SPOUSE INFORMATION (If attending retreat) Name:		N	lame		Phone	
SPOUSE INFORMATION (If attending retreat) Name:	T-Shirt Size:					
Name:					1 arricipants must be	10 years of age or other
Address: Street Address City, State Zip Phone #: () - Email: Emergency Contact: () - Name Name T-Shirt Size: Date Of Birth: / / *Participants must be 18 years of age or of the state of the sta		SPC	USE INFORM	ATION (If atten	ding retreat)	
Address: Street Address City, State Zip Phone #: () - Email: Emergency Contact: () - Name Name Date Of Birth: / / *Participants must be 18 years of age or of the state of the stat	Name:					
Street Address City, State Zip Phone #: () - Email: () - Name Phone		Last	First	MI	Nickname	M/F
Phone #: Email:	Address:					
Emergency Contact: Name Phone		Street Address		City,	State	Zip
T-Shirt Size: Date Of Birth: / / *Participants must be 18 years of age or of	Phone #:	() -		Email:		
T-Shirt Size: Date Of Birth: / / *Participants must be 18 years of age or of					-	
*Participants must be 18 years of age or o		N	'ame		Phone	
	T-Shirt S	ize:			Date Of Birth: *Participants must be	/ / 18 years of age or older
Accommodations: King Bed (1) Double Beds (2)						

^{*} Rooms are double occupancy. Single participants will be paired with another same sex participant.

	ବ	UESTIONNAIRE				
Burn Unit Where Treated:			Date of Burn:	/ /		
Location(s) of Burn(s) on body:			Percentage of Body Surface:			
Special Needs or Physical						
Limitations:						
Food Allergies:						
	MEDIC	CAL AUTHORIZA	TION			
including emergency n treatment and necessary	rgency, I hereby give permiss nedical or surgical treatment related transportation. d who for:	as may be necessary;	including but not limited to			
				/ /		
Participant - Print Nan	ne	Signature		Date / /		
Spouse - Print Name		Signature		Date		
PHOTO RELEASE						
for burn survivors, educe programs by appearing photograph or interview NO, I do not YES, I do au	nstitute and partnering organication and other programs. Y in photographs, videos or other you to further our efforts. wish to be photographed, thorize the Firefighters Buefforts to promote public as	ou can help our efforts er public venues. We to videotaped or interviern Institute to use pho	to increase public awareness therefore request your permit ewed in any way. btographs, videotapes or i	s and support of our ission to film,		
Participant - Print Nan	ne	Signature		Date		
NO, I do not wish to be photographed, videotaped or interviewed in any way.						
YES, I do authorize the Firefighters Burn Institute to use photographs, videotapes or interviews of me to further their efforts to promote public awareness and support.						
				/ /		
Spouse - Print Name		Signature		Date		

ADDITIONAL INFORMATION

RETREAT RULES & OVERVIEW

This retreat is designed to be a personal growth experience. Please come prepared to work through your recovery by sharing your experiences in a healing and supportive environment. You will be expected to remain at the retreat during the entire program and be present for all activities in order to promote the group process experience.

- Smoking allowed in designated areas only.
- Drug use is strictly prohibited.
- Firearms or weapons of any kind will not be allowed.
- Timeframe: The retreat begins at **6:00pm on Friday, May 3rd** with dinner at the dining hall and wraps up directly following lunch at **1:30pm on Sunday, May 5th**
- All accommodations, including meals, lodging, etc. are included with the retreat.
- Application: Space is limited & on a first come first served basis. You will receive confirmation after all applications have been reviewed. Applications are due no later than **March 1, 2019**.
- Fees/Payments: Thanks to generous donations and grants, the Firefighters Burn Institute is able to offer this retreat **free of charge to burn survivors & their spouse** (*if applicable*). Due to limited space availability you will be required to provide a \$100 refundable deposit (per person) in order to hold your space for the retreat. Deposits can be made via cash, check, Visa or MasterCard. Deposits are fully refundable when you attend the retreat or if you cancel your space on or before April 1, 2019.
- Cancellations: If you are unable to attend, it is important that you let us know as soon as possible.
 Due to contractual obligations, cancellations after April 1st & no-shows are non-refundable.
- Transportation: The Granlibakken Resort is located approximately 90 minutes from Sacramento in Tahoe City. Each registrant is responsible to arrange his or her own transportation. However, if you need help with transportation, please contact the FFBI office as soon as possible to see if additional options are available.

*By signing below, I state that I am the person whose name appears below and that the information I have provided is true to the best of my knowledge. I agree to the rules and overview above and understand that there is a \$100 refundable deposit to hold my space for the retreat (or \$200 if I am bringing my spouse). I am fully aware that my deposit is non-refundable if I cancel my participation after April 1, 2019 or if I do not show up to the retreat.

		/ /
Participant - Print Name	Signature*	Date
		/ /
Spouse - Print Name	Signature*	Date

APPLICATION INSTRUCTIONS

Please send completed application & \$100 refundable deposit (per person) to:

MAIL:

Firefighters Burn Institute Attn: Kara Garrett 3101 Stockton Blvd. Sacramento, CA 95820

EMAIL:

kara@ffburn.org

FAX:

(916) 455-4376

REFUNDABLE DEPOSIT:

By check:

Please make checks payable to "Firefighters Burn Institute"

By cash:

Please hand deliver cash to the FFBI office at the address above.

By Visa or MasterCard:

Please call our office at (916) 739-8525 to pay by phone.

APPLICATION DEADLINE:

March 1, 2019

QUESTIONS?

Call us at: (916) 739-8525