



WOMEN'S BURN SURVIVOR RETREAT WEEKEND

CASTAWAYS RESORT, WAIUKU

27 - 30 MARCH 2019

REGISTRATION FORM

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: LANDLINE: _____ CELL: _____

NAME OF NEXT OF KIN: _____ PHONE: _____

DATE OF BIRTH: _____

DATE OF BURN: _____ % OF BURN (if known): _____

Hidden burn? (circle) YES NO

ARE YOU ON MEDICATION? (circle) YES NO

DO YOU HAVE ANY PHYSICAL LIMITATIONS? (circle) YES NO

IF YES, PLEASE DESCRIBE: _____

DO YOU HAVE ANY MEDICAL CONDITION WE NEED TO BE AWARE OF:

ARE YOU COMFORTABLE WITH PHOTOGRAPHS BEING TAKEN AND POSSIBLY USED IN BSG PUBLICITY? (circle) YES NO

DO YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS? (circle) YES NO

IF YES, PLEASE DESCRIBE: _____

Please email your registration form to Michele@burns.org.nz
or post to Burn Support Group Charitable Trust, P O Box 97164, Manukau City