



WOMEN'S BURN SURVIVOR RETREAT WEEKEND

CASTAWAYS RESORT, WAIUKU

12th - 15th March 2025

REGISTRATION FORM

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: LANDLINE: _____ MOBILE: _____

NAME OF NEXT OF KIN: _____ PHONE: _____

DATE OF BIRTH: _____ T/Shirt size _____

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

HIDDEN BURN? (circle) YES NO

ARE YOU ON ANY 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, PO Box 97164, Manukau City
PLEASE NOTE: ATTENDANCE IS COMPULSORY FOR THE FULL LENGTH OF THE RETREAT