

Family ID No. _____
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EVENT NAME: FAMILY RETREAT 'COL. DANNY MCKNIGHT'

PLEASE PRINT CLEARLY:

LAST NAME: \_\_\_\_\_ NAME: \_\_\_\_\_ SPOUSE \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

POLICE  RCMP  FIRE  EMS  OTHER: \_\_\_\_\_

CHILD/REN (NAME, AGE & GENDER):

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Please list any food allergies \_\_\_\_\_

PLEASE NOTE: \$50.00/Family NON-REFUNDABLE DEPOSIT IS REQUIRED TO CONFIRM EVENT REGISTRATION)

Payment Options: \*Make cheque payable to DIAKONOS RETREAT SOCIETY

CHEQUE  CASH   
MASTER CARD  VISA  \*PAYPAL is also available [www.diakonosretreat.com](http://www.diakonosretreat.com)

Credit Card Number \_\_\_\_\_ Exp \_\_\_\_\_ Cardholder \_\_\_\_\_

MAIL TO: DIAKONOS RETREAT SOCIETY, BVPO Box 20194, Calgary, AB T2P 4L2  
Phone (403) 201-9945 Fax (403) 201-9802 [info@diakonosretreat.com](mailto:info@diakonosretreat.com)

----- OFFICE USE ONLY -----

TOTAL: \$ \_\_\_\_\_

DEPOSIT: \$ \_\_\_\_\_

BALANCE: \$ \_\_\_\_\_

RELEASE FORMS: \_\_\_\_

CONFIRMATION SENT: \_\_\_\_

For Internal Use Only

Lodge \_\_\_\_\_ Cabin \_\_\_\_\_

Tent \_\_\_\_\_ Trailer \_\_\_\_\_