## **MiniVacation\* paper Application** June 17-20, 2019

First Name	Email Address
Last Name	Phone Number
Billing Address	Mailing Address
Birth Date	Gender
Roommate Request	
Emergency Contact's Name	Emergency Contact Phone Number
Dietary needs (circle one) Omnivore Vegan Vegetarian Pescatarian	Do you have any additional allergies or food needs?
Are you gluten-free? (select one) Yes No	A MiniVacation makes a BIG Difference
Religious Affiliation	How many times have you attended Isabella Freedman?
How did you hear about this event?  Please select all that apply:  Email from Hazon Facebook Google search Postcard or flyer Teacher or presenter Friend or family member I am a returning participant Other (please specify):	With which organization are you affiliated?  Pibly Beacon of Hope Central Nassau Guidance Catholic Charities Venture House Other
A roster of participants will be shared with all attendees after the retreat. Please select which information you would like to share:  Name, Address, Email, Phone Name, Phone Name Only Do not include me on the roster	Please describe any physical/accessibility needs you have:
The cost for this retreat is \$300 Additional Add-Ons: Add a mini-fridge for \$40	

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You can pay via check made out to Isabella Freedman or online: hazon.org/minivacation

Total amount will be paid by (person or organizations name)	Please send completed form to: MiniVacation % Isabella Freedman
	116 Johnson Road Falls Village, CT 06031

<sup>\*</sup> this program is specifically designed for adults with mental health and/or intellectual disabilities