

Application Form

Surname: _____

First names of family members and age:

1. _____ (Age) 2. _____ (Age)

3. _____ (Age) 4. _____ (Age)

5. _____ (Age) 6. _____ (Age)

7. _____ (Age) 8. _____ (Age)

Contact number: _____

Email address: _____

Please give a description in detail of your child's severe disability:

Are there any special equipment or facilities your child needs?

What are your preferred dates to stay (4 nights maximum)? You **MUST** give five options please.

1. _____ 2. _____
3. _____ 4. _____
5. _____

How did you hear about Caitlin's Retreat? _____
