

Daniel Fellowship Retreat 2003

Application Form

Name: _____ Gender: Male / Female

Tel#: _____

OHIP/UHIP #: _____ Expiration Date: _____

Emergency Contact:

Name: _____ Tel#: _____

Food Allergy: _____

Food Dislike: (no guarantee, but we will try our best to do what we can)

The fee for our retreat would be approximately \$80-85.

Please fill this form and return to Elaine Law with the \$40 deposit no later than
January 17th, 2003. Thx thx!!

Official Use Only: Paid: _____ Owed: _____