

Tiffany's Retreat

APPLICATION FOR RETREAT STAY

A. Participant Information

First Name: _____ Last Name: _____ Diagnosis _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____ M ___ F ___ Marital Status: S ___ M ___ W ___ D ___

Social Security Number: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

B. Responsible Party (if different than above)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____ M ___ F ___ Relation to patient: _____

C. Dependents (including significant other) who will be staying with you for the week

Name(s):	Date(s) of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Yearly Income

Please check the box that most accurately describes your annual household income:

\$15,000 - \$40,000 _____ \$70,000 - \$100,000 _____

\$40,000 - \$70,000 _____ \$100,000 and up _____

E. Emergency Contact Information

Name _____ Relationship _____

Phone _____ Alt Phone _____

Emergency Cell Phone Contact Number

If you are bringing a cell phone to Tiffany's Retreat, please list that contact number _____

Reference: (Please list a Health Care Professional's name and contact number)

The information provided on this application is true and correct to the best of my knowledge.

Date: _____ Signature: _____

Date: _____ Signature: _____

Please share with us how having a week at Tiffany's Retreat with your family members would be important to you and how it might impact your family:

If your family is selected to visit Tiffany's Retreat, it would be helpful for us to know some of the following about the participant:

Favorite Food _____

Favorite Movie _____

Favorite Beverage _____

Favorite Fruit _____

Favorite Game _____

Favorite Color _____

**BE SURE TO SIGN AND DATE THE APPLICATION AND RETURN IT TO:
Richard J. Schilling 6705 North Shore Trail, Forest Lake, MN 55025**

*****LIABILITY RELEASE CLAUSE*****

IN CONSIDERATION FOR BEING PERMITTED TO UTILIZE THE FACILITIES AND PROPERTY LOCATED AT 38011 ANCHOR POINT TRAIL, CROSS LAKE, MINNESOTA, ALSO KNOWN AS TIFFANY'S RETREAT, I, FOR MYSELF AND ON BEHALF OF MY CHILDREN AND OR ANY PERSON OF WHOM I AM GUARDIAN TO, AGREE TO HOLD HARMLESS, RELEASE AND INDEMNIFY RICHARD J. SCHILLING AND TERI L. SCHILLING, AND/OR THEIR AFFILIATES AND ASSIGNS, OF AND FROM ALL CLAIMS, DEMANDS, OR DAMAGES OF ANY KIND OR NATURE (COLLECTIVELY CALLED CLAIMS), WHETHER KNOWN OR UNKNOWN, THAT I OR MY CHILDREN NOW HAVE OR ACQUIRE ARISING FROM OR IN ANY WAY RELATED TO OUR STAY AT THE AFOREMENTIONED PROPERTY INCLUDING TRANSPORTATION TO OR FROM THE PROPERTY.

Signature

Date

Signature

Date