



# TOPS Retreat Registration Form

**Site:** Pinerock Camp & Retreat Center  
**Location:** Prescott, Arizona 86303  
**Dates:** March 8 – 13, 2015  
**Website:** [www.camppinerock.org](http://www.camppinerock.org)

Please TYPE or PRINT

DATE \_\_\_\_\_  
 NAME \_\_\_\_\_ NAME FOR BADGE \_\_\_\_\_  
 PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

**REGISTRATION FEE \$365.00 U.S. Funds**  
 Enclosed is **MONEY ORDER #** or **CHECK #** \_\_\_\_\_ payable to **TOPS Club, Inc.**  
**REGISTRATION INCLUDES LODGING, MEALS, and RETREAT ACTIVITIES.**  
 See General Guidelines for additional information

### IN CASE OF EMERGENCY, CONTACT:

NAME \_\_\_\_\_ or \_\_\_\_\_  
 PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

What is your Sleeping Schedule?  Early to rise  Late to bed  
 Please share your **birth date**. \_\_\_\_\_ **Month** \_\_\_\_\_ **Day**

Are you Field Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you walk two city blocks unassisted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a KOPS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need someone to assist you with everyday tasks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this your first retreat?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a disability or special need?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have special dietary needs or food allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you climb stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you provide transportation for retreatants to/from site?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**TOPS RETREAT RULES:** I understand that to provide the best experience possible for myself and all retreatants that I am bound by TOPS Retreat Rules. My initials on each line below indicate that I have read and will abide by the rules.

\_\_\_\_\_ I understand that if I am unable to walk two city blocks unassisted and/or if I cannot take care of my own personal needs and require help with basic tasks, then I must bring a "caregiver" who must register and pay for retreat in advance.

\_\_\_\_\_ I understand that I must disclose any special need or disability on the back of this form and that the Retreat Director will review it and advise me as to TOPS Club's ability to accommodate it.

\_\_\_\_\_ I understand that I am not allowed to bring *any* outside food or drink unless I have received permission in advance.

\_\_\_\_\_ I understand that a \$50.00 cancellation fee will be deducted from any refunds and that if the hosting facility requires a cancellation fee then that fee will also be deducted. I understand I will receive no refund if I am asked to leave retreat.

\_\_\_\_\_ I understand that I am liable for my own medical expenses.

\_\_\_\_\_ I understand that if I violate TOPS Retreat Rules by failing to bring a caregiver when needed or by bringing my own food without permission, or that if I otherwise violate the rules and guidelines as determined by the Retreat Director in her sole discretion, that my participation in the retreat will be ended and I must leave the retreat.

\_\_\_\_\_ I have read and understand the TOPS Retreat General Guidelines included in this application and will abide by and respect the guidelines, especially in regards to smoking, alcohol use, confidentiality, and outside contact.

\_\_\_\_\_ I understand that Pinerock Camp & Retreat Center, TOPS Club, Inc., and Terri Ord, Retreat Director, are not liable for accidents, injury, or illness that may occur or for any loss of, or damage to, personal effects.

**I have read and initialed each rule above. I shall abide by all retreat rules as well as the TOPS Retreat General Guidelines.**

SIGNATURE \_\_\_\_\_ TOPS Membership # \_\_\_\_\_  
 My Coordinator \_\_\_\_\_ My Chapter is TOPS \_\_\_\_\_, \_\_\_\_\_

**Please return a copy of this form with your payment and a self-addressed, stamped envelope to:**  
**Hortensia Contreras • 414-482-4620 • TOPS Club, Inc. • P.O. Box 070360 • Milwaukee, WI 53207**