

Carrier Sekani Family Services
Addictions Recovery Program
Care Givers Camp Application Form

Personal Information Please Print

Name: _____

Address: _____ Phone: _____

_____ Cell: _____

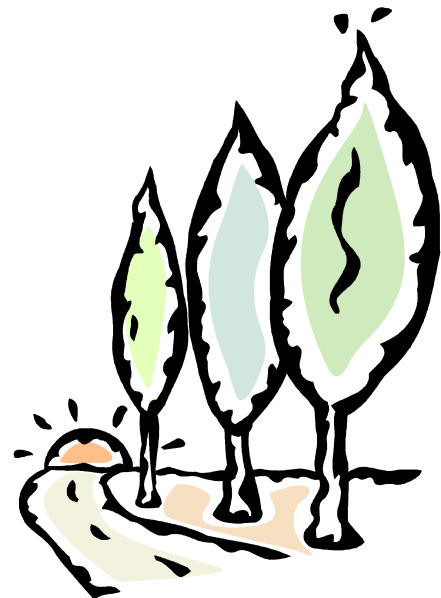
_____ PHN #: _____

Emergency Contact: _____

Emergency Contact #: _____

Employer: _____

Position: _____



Goal Setting and Expectations

1. How many nights do you plan on spending at Ormand Lake Healing Camp?

2. What are your expectations for attending the Care Givers Camp?

3. Do you have any food allergies? If yes, please explain.

Fax completed form to 250-567-2533