

REGISTRATION FORM

First Name:

Last Name:

Email:

(Note this address will receive a confirmation email)

Phone:

Mailing Address:

Date of Birth:

Emergency Contact**

(If attending with your spouse, please do not enter your spouse as your emergency contact.)

Emergency Contact Phone:

Emergency Contact Email:

Your Organization:

(If Applicable: Military Branch, Church, Business, Etc.)

Your Role, Rank, or Title:

Please help us get to know you better by sharing 3-4 sentences about yourself. Who are you, What are your hobbies, where are you from? Are you married? Kids?

What are you looking forward to the most on at the retreat?

Do you have experience in boating or fishing? If so, what?

Do you have any food/ medicinal allergies or sensitivities?

Do you have any medical conditions or physical limitations? This is important information for your safety and well-being. If so, please list?

As part of the retreat, we'll be doing an exercise that requires at least **three contacts** who can share a few positive comments about you. These comments are submitted through a simple online application (not by phone). We will not see their responses unless you choose to share them.

As a note, our volunteer team will contact the names you provide us to guide your contacts through the online process, but we will not be providing them any information about you. **Please provide the name, email, and phone number of your three people below.**

Contact 1: Name:
Contact 1: Phone:
Contact 1: Email:

Contact 2: Name:
Contact 2: Phone:
Contact 2: Email:

Contact 3: Name:
Contact 3: Phone:
Contact 3: Email:

HOOKS OF HOPE

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I _____ agree to fully indemnify, hold harmless and release Hooks of Hope Inc, the board, its officers, employees, volunteers and owners of the properties or equipment used, from any liability of personal injury and/or wrongful death while participating in activities or at any time during an this retreat. Hooks of Hope Inc is not responsible for any loss or damage to personal property during the retreat period. I am participating in this retreat voluntarily and understand that there may be risks associated with activities.

Signature of Participant: _____

Name Spelled: _____

Date: _____

Please email this completed form with signature to john@hooksofhope.org