



Honouring our Voices – Murdered and Missing Healing Gathering
Families of Murdered and Missing Loved Ones

Registration Form

Date of Registration: _____

Family Surname: _____ **First Name:** _____

Address including Postal Code: _____

Primary Contact Number: _____ **Message:** _____

Email Address: _____

Cultural Background: _____

Spiritual or Religious Denomination: _____

ATTENDEES: *If there are more than six persons in your party please copy and add and attach to this document.*

Number of Family Members attending including applicant: _____

	Surname	First Name:	Age:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Will be attending:



Thursday Evening _____ Friday Only _____ Saturday Only _____ All _____

ACCOMMODATION: Accommodations will be paid for by the gathering, please provide the details to help us to ensure that we accommodate your needs appropriately.

Require Accommodation: Yes _____ No _____

Number of People Staying with applicant: _____

Approximate Arrival Date and Time: _____

Approximate Check out date and Time: _____

TRAVEL: Travel for those outside Calgary will be paid for by the gathering, please advise how your family will be traveling and if there is anyone traveling from an alternative location please advise in comments below and method of travel. Anyone traveling from outside of Southern Alberta will need to authorization for reimbursement. No air travel reimbursements.

Traveling by: Bus _____ Car _____ Truck or Van _____

Urban Travel: For those traveling within Calgary, bus tickets will be distributed. Gas disbursements and taxi chits are not available.

City Transit Bus Tickets: _____ For how many: _____

Number of People Traveling with applicant: _____

Applicants are coming from (city, town, Nation): _____



Comments: (regarding family traveling from alternative location):

TRAVEL MEALS: *Please indicate based on your travel time and which meal time you will require support for specifically.*

Breakfast X _____ (Number of Family Members) – Date: _____

Lunch X _____ (Number of Family Members) – Date: _____

Dinner X _____ (Number of Family Members) – Date: _____

GATHERING MEALS: *If there are more than six persons in your party please copy and add and attach to this document.*

Please identify preferences and sensitivities that apply:

(1) Name of family member: _____

_____ gluten free vegan _____ diabetic _____

_____ vegetarian no pork _____ allergies: _____

Comments: *For allergies or specific food requirements not listed above please explain specific food restrictions.*

(2) Name of family member: _____

_____ gluten free vegan _____ diabetic _____

_____ vegetarian no pork _____ allergies: _____



Comments: For allergies or specific food requirements not listed above please explain specific food restrictions.

(3) Name of family member: _____

_____ gluten free vegan _____ diabetic _____

_____ vegetarian no pork _____ allergies: _____

Comments: For allergies or specific food requirements not listed above please explain specific food restrictions.

(4) Name of family member: _____

_____ gluten free vegan _____ diabetic _____

_____ vegetarian no pork _____ allergies: _____

Comments: For allergies or specific food requirements not listed above please explain specific food restrictions.

(5) Name of family member: _____

_____ gluten free vegan _____ diabetic _____

_____ vegetarian no pork _____ allergies: _____

Comments: For allergies or specific food requirements not listed above please explain specific food restrictions.

(6) Name of family member: _____

_____ gluten free vegan _____ diabetic _____

_____ vegetarian no pork _____ allergies: _____

Comments: For allergies or specific food requirements not listed above please explain specific food restrictions.



DEADLINE FOR REGISTRATION IS FEBRUARY 15, 2019

REGISTRATION CONFIRMATION NOTIFICATION:

Please send applications to reception@elizabethfrycalgary.ca

PLEASE NOTE that your registration must be confirmed on the week prior to the Gathering in order to maintain your placement. As there will be individuals on a waiting list, failure to be reached or contact Gathering organizers will result in your placement to be given to a family on the waiting list.

Administration Only:

Registration Number: _____

Confirmation of Attendance: Yes _____

No _____

Date of Confirmation: _____

Number of Family Members confirmed: _____

Comments: