



Bleeding Disorders Association of
Northeastern New York, Inc

September 30-October 2, 2011

2011 Family Retreat Reservation Application

****Please complete and return no later than 2 weeks before the event****

Name: _____

Number of people attending: _____

Number of adults attending (over 18 years old): _____

For children under the age of 18 please indicate:

Number of boys: _____ Ages: _____

Number of girls: _____ Ages: _____

Contact Information:

Mailing Address:

Street or PO Box: _____

City or Town: _____

State and Zip Code: _____

Phone Number: _____

Email Address: _____

Please check the appropriate box:

- vWD
- Hemophilia
- Other (please specify) _____

Please list any special dietary needs, for example allergies, vegetarian, etc.:

Please indicate if any family members need special rooming accommodations:

Please check the appropriate box:

- I (We) are planning on attending Friday – Sunday
- I (We) are planning on attending Saturday – Sunday
- I (We) are planning on attending Saturday ONLY

Mail, Email, or Fax the completed Reservation Application no later than 2 weeks prior to the event to:

BDANENY

PO Box 947

Rensselaer, NY 12144

BDANENY@hotmail.com or FAX 518-658-0634