

## FUN FITNESS & FRANCE RESERVATION FORM SIGN UP BY FEBRUARY 15TH AND RECEIVE A \$150 DISCOUNT!

 Select Preferred Date:
 Sunday June 28 to Sunday July 5
 Sunday July 5 to Sunday July 12

 Sunday July 12 to Sunday 19
 Sunday July 19 to Sunday July 26

Please print/type all information and email as an attachment to Chateaulemur@yahoo.com.Spaces are limited. Sign up early for best room choice and to avoid disappointment! A \$500.00 non-refundable deposit in the form of personal check to be sent to:

## Ernest Monaco, 11611 Golden Valley Drive, New Port Richey, FL 34654

(Please put 'Fun, Fitness & France' in the memo line.)

Attendee: \_ Person Accompanying Attendee (*if applicable*): (\$300 discount for guest(s) accompanying participant, but not participating in the Workshop. Only Participant needs to fill out this form) Sex (M/F): Date of Birth (dd/mm/year): Phone: Street Address: State: Country: City: \_\_\_\_\_ Postal Code: Email Address: Emergency Contact Person: Phone: Preferred Accommodations: (please see website) First choice:\_\_\_\_\_ Second Choice: In my free time, I would like to do the following activities: ☐ Visit Historic Medieval Towns and Sites in Brittany Play Games with Friends (card games, chess, etc.) □ Visit Outdoor Photo Exhibition at La Gacilly Paint, Draw, Sculpt, Crafts □ Visit the Atlantic or Channel Beaches Cook Together with Friends □ Visit Archeological Sites (Carnac, Montneuf Menhirs) Please check T-Shirt Size: □ Visit a Historic Theme Park (*Puy de Fou*) S M XL Hike in the Woods; Outdoor Activities What size handweight do you typically use? Horseback Riding  $\square 1 \text{ lb} \square 2 \text{ lb} \square 4 \text{ lb}$ 5 lb 8 lb Read Books Other (please indicate weight size): \_\_\_\_



HEALTH FORM

Attendees must be insured to participate. (Speak with Miki Schnackel of Florida Cruise Planners 727.856.9100 on how to purchase travel insurance.)

Name of Attendee: \_\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_

Contact information:

Policy #:\_\_\_\_\_

List all known allergies (foods, medications, bees, etc.) Please describe any allergic reactions we need to be aware of:

Are there any chronic concerns we need to know about (asthma, seizures, surgical history, fears, infections)?

Any supportive health care needed?

Is the attendee required to take any daily or weekly medications?

## Mental and Social Health

Does the attendee have any concerns we need to know (ADHD, depression, significant life event, etc.)

What do we need to know or do to support your efforts for full emotional heath?

Do you have any long term goals or things you would like to accomplish in your life?

Do you have any special goals for the week of Fun Fitness and France?

**Please note:** Passports **must** be renewed 6 months before expiration date! If you are coming from Pasco County, Florida, Passports can be renewed or applied for at: West Pasco Govt. Ctr. 8731 Citizens Drive 2nd floor, New Port Richey.