



# Fall Fest 2009 Registration Form

**November 7–8, 2009  
Holiday Inn, Bozeman**

**Complete the form below and mail to CFN ASAP to reserve your family’s space at Fall Fest. Space is limited to approximately 25 families. First time families and those in active treatment have priority. Special accommodations can be made for most of your needs. Because we are charged for last minute cancellations, we require a refundable \$30 deposit. This ‘CFN Fun Fund’ is refundable after Fall Fest\*, but not your CFN Fun! Please send your ‘CFN Fun Fund’ along with this registration form. In addition to this form\*\*, we need you to complete a ‘Family Medical Information Form,’ a ‘Family Photo Release Form’ and a ‘CFN Waiver.’ **All registration materials and your refundable\* \$30 deposit written to ‘CFN Fun Fund’ are DUE BY October 12, 2009.** We will accept late applications based on availability. **Questions?** Call 406-587-8080, email [Programs@CancerFamilyNetwork.org](mailto:Programs@CancerFamilyNetwork.org), or visit [www.CancerFamilyNetwork.org](http://www.CancerFamilyNetwork.org). **RETURN FORMS TO** CFN via mail to PO Box 6446, Bozeman, MT 59771, or via fax to 406-556-1050.**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

His Phone(s): \_\_\_\_\_ Her Phone(s): \_\_\_\_\_

His Email: \_\_\_\_\_ Her Email: \_\_\_\_\_

Survivor Name: \_\_\_\_\_ Age at Fall Fest: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Age When Diagnosed: \_\_\_\_\_

Primary Oncologist Name & Practice: \_\_\_\_\_

Family Members Attending (Including yourself)	Relationship to Diagnosed	Same Address? Yes or No***	Age at Fall Fest	Date of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*\*\* Provide the alternative address(es) of those attendees identified above as having a different address. If there is more than one additional address, specify which family member lives at which address.

\_\_\_\_\_

\_\_\_\_\_



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Do you need hotel accommodations?

- Yes, Saturday night only
- Yes, Friday & Saturday nights (I understand that CFN pays for Saturday night only)
- No, we do not need hotel accommodations

Please list the CFN programs you and your family have attended in the past: \_\_\_\_\_

\_\_\_\_\_

How did you first hear about CFN? \_\_\_\_\_

\_\_\_\_\_

What do you and your family hope to gain from your Fall Fest experience? \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\* Your 'Fun Fund' is returnable after attending a full weekend of Fall Fest and completing a program evaluation, or for cancellation before October 12<sup>th</sup>, 2009.

\*\* A confirmation letter will be sent upon receipt of this registration form and 'Fun Fund.' This confirmation packet will include the 'Family Medical Information Form,' the 'Physician Exam Form,' the 'Family Photo Release Form,' and the 'CFN Waiver.' These materials are due to CFN by no later than October 1, 2008. If you have internet access, you may download, print, and complete these forms and send them in along with this registration form and your 'CFN Fun Fund.' **Please call if you have any questions or need any assistance. We are happy to help in any way we can!**

*CFN is able to offer camp (and other programs) at NO COST, thanks to generous individual contributions, business sponsors, fundraising events, and dedicated volunteers.  
Tax-deductible gifts of supplies and/or funds to the CFN Camp Fund are always appreciated.*

**THANK YOU! WE WILL SEE YOU AND YOUR FAMILY AT FALL FEST 😊 !**