



## Details of Participant Form

Surname: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Year of birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone No: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Do you require transport from your home to the retreat hotel and back home? YES or NO** \_\_\_\_\_

**Do you have any dietary restrictions/allergies? YES or NO** \_\_\_\_\_

**If yes, please provide details:** \_\_\_\_\_

**The retreat involves a moderate amount of exercise. Do you have any limitations we should know about? (e.g. can't stand for long, walk with stick, casting arm movement a bit restricted)** \_\_\_\_\_

**Is there anything else you would like us to know about you, which will assist us in making your retreat as comfortable as possible?**

**For your fishing gear, please indicate:**

**Shirt size:** Small; Medium; Large; X Large; XX Large (too big is better than too small)

Size: \_\_\_\_\_

Are you left or right handed? Left / Right \_\_\_\_\_

Please e-mail to [info@castingforrecovery.org.au](mailto:info@castingforrecovery.org.au)