

NR 311: Leadership for Sustainability

Retreat Questionnaire and Health Form for Shelburne Farms

Please complete and return to Emil Tsao @ (etsao@uvm.edu) by August 1

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Day Phone: _____ Evening Phone: _____

Date of Birth: _____ Gender: _____

Accommodation Preference (please choose, there's plenty of room for both):

_____ camping (bathrooms/shower access provided)

_____ double-occupancy room at Orchard Cove

Please list any allergies, dietary requests or special needs:

In an emergency, please contact:

Name: _____

Relationship: _____ Telephone #: _____

Physician: _____

Phone #: _____

In an emergency, do you give us permission to contact your physician and/or seek emergency care?

Yes No

Signature

Date