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Greetings!

Burn survivor support agencies from California, New York and Georgia have collaborated to offer a very special program addressing issues faced by young adult burn survivors by providing a peer-based support retreat. This year's host is the Burn Institute in San Diego, California from April 2-5, 2009.

The transition from adolescence to adulthood can be a challenging time for everyone. Having experienced a burn injury the challenges can be even more trying. Therefore, partnering burn survivor support agencies would like to offer this program for young adults, ages 18-25, to provide a mechanism of emotional support with others who have shared similar experiences. The Young Adult Burn Survivors' Retreat provides the opportunity for peer-focused support and an empowering journey towards self discovery.

The retreat will take place at the Oakbridge Ballena Lodge in Ramona, California, approximately one hour from the San Diego airport. Check-in begins Thursday, April 2, 2009 at 3:00 PM. Transportation from the airport will be available on Thursday, April 2, 2009 or participants may handle their own travel arrangements. Check-out time is scheduled for Sunday, April 5, 2009 at 11:00 AM. Transportation to the airport will be available on Sunday, April 5, 2009.

If you are interested in attending this year's Young Adult Burn Survivors' Retreat hosted by Burn Institute, please fill out attached registration form and return it to the Burn Institute office AS SOON AS POSSIBLE and no later than Monday, March 16, 2009 as space is limited and participants will be accepted on a first-come-first-serve-basis. The cost is \$150.00 if you register on or before March 15, 2009 and \$200 thereafter. Fees DO NOT apply to those in the San Diego service area. Cost includes lodging, meals and shuttle service to and from the airport.

Please mail your completed application(s) and payment to the Burn Institute, c/o Dana Carnduff, 8825 Aero Drive, Suite 200, San Diego, CA 92123 or fax attention Dana Carnduff at 858-541-7179. If you have any questions or concerns, please do not hesitate to contact me at 858-541-2277 Ext. 14 or via e-mail at [dcarnduff@burninstitute.org](mailto:dcarnduff@burninstitute.org).

Thank you for your consideration and we hope to see you there. Your attendance and participation is strongly encouraged and valuable to the success of the program.

Sincerely,

*Dana Carnduff*

Dana Carnduff  
Burn Institute

Application Deadline: MARCH 16, 2009



Please mail or fax to: Burn Institute, 8825 Aero Drive, Suite 200, San Diego, CA 92123  
Fax: 858-541-7179

## **YOUNG ADULT BURN SURVIVOR RETREAT APPLICATION**

**(PLEASE PRINT)**

\_\_\_\_\_  
LAST NAME                                      FIRST NAME                                      NICKNAME                                      DOB

\_\_\_\_\_  
MAILING ADDRESS                                      CITY                                      ST                                      ZIP CODE

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
HOME PHONE                                      CELL PHONE                                      WORK PHONE

\_\_\_\_\_  
T-SHIRT SIZE

\_\_\_\_\_  
WILL YOU BE 18-25 YEARS OF AGE AS OF APRIL 1, 2009?                                      Y / N

### **EDUCATION/WORK HISTORY:**

\_\_\_\_\_  
ARE YOU A STUDENT?                                      IF SO, WHAT SCHOOL ARE YOU ATTENDING?

\_\_\_\_\_  
ARE YOU EMPLOYED?

\_\_\_\_\_  
IF SO, WHERE ARE YOU EMPLOYED?

### **PERSONAL EXPECTATIONS:**

PLEASE LIST THREE TOPICS THAT YOU WOULD LIKE TO SEE ADDRESSED DURING THE RETREAT.  
(PLEASE NOTE THAT ALTHOUGH EVERY POSSIBLE EFFORT WILL BE MADE TO ADDRESS YOUR TOPIC SELECTIONS, WE CANNOT GUARANTEE THAT ALL SUGGESTED TOPICS WILL BE COVERED.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**PERSONAL HEALTH HISTORY:**

DO YOU HAVE MEDICAL INSURANCE? (CIRCLE ONE)

Y / N

\_\_\_\_\_  
NAME OF CARRIER

\_\_\_\_\_  
CARRIER ADDRESS

\_\_\_\_\_  
CARRIER PHONE NUMBER

\_\_\_\_\_  
NAME OF INSURED

\_\_\_\_\_  
RELATIONSHIP TO INSURED

\_\_\_\_\_  
GROUP NAME AND POLICY NUMBER

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DATE OF BURN INJURY: \_\_\_\_\_

DO YOU HAVE ANY DIETARY NEEDS? (CIRCLE ONE)

Y / N

If yes, please describe: \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS OR RESTRCITIONS? (CIRCLE ONE)

Y / N

If yes, please describe: \_\_\_\_\_

ARE YOU CURRENTLY TAKING ANY MEDICATION AT THIS TIME? (CIRCLE ONE)

Y / N

If yes, please list: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION: (PLEASE PRINT)**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
SECONDARY PHONE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
SECONDARY PHONE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
SECONDARY PHONE

**PHOTO / VIDEO / PUBLICITY RELEASE:**

WE REQUEST YOUR PERMISSION TO FILM, PHOTOGRAPH OR INTERVIEW YOU TO HELP OUR EFFORTS IN INCREASING PUBLIC AWARENESS AND SUPPORT OF OUR PROGRAMS BY APPEARING IN PHOTOGRAPHS, VIDEO OR OTHER PUBLICITY THAT THE CAMP MY PRODUCE.

\_\_\_ NO            I **DO NOT** WISH TO BE PHOTOGRAPHED,VIDEOTAPED OR INTERVIEWED

\_\_\_ YES           I **DO** AUTHORIZE THE BURN INSTITUTE TO USE PHOTOGRAPHS, VIDEOTAPES AND/OR INTERVIEWS OF ME TO FURTHER THEIR EFFORTS TO PROMOTE PUBLIC AWARENESS AND SUPPORT.

**BEHAVIOR AGREEMENT:**

DRUGS & ALCOHOL	THE POSSESSION OR USE OF NON-PRESCRIPTION DRUGS OR ALCOLHOL IS STRICTLY PROHIBITED. VIOLATION OF THIS RULE WILL RESULT IN IMMEDIATE DISMISSAL.
TOBACCO USE	SMOKING ALLOWED IN DESIGNATED AREAS ONLY AND PLEASE DISPOSE OF YOUR TRASH APPROPRIATELY.
CONDUCT	ANY BEHAVIOR THAT DISPLAYS NEGATIVE CONNOTATIONS MAY BE CONSTRUED AS DETRIMENTAL TO THE RETREAT’S INTEGRITY WILL NOT BE TOLERATED AND WILL BE GROUNDS FOR DISMISSAL.
PETS	NO PERSON SHALL HAVE DOGS OR DOMESTIC PETS AT THE RETREAT.
PRIVACY	DO NOT TOUCH ANYONE ELSE’S BELONGINGS WITHOUT THEIR PERMISSION.
LEADERSHIP	WE EXPECT THAT ALL RULES AND DIRECTIVES ISSUED BY STAFF BE RESPECTED.

ALL RETREATERS WILL BE RESPONSIBLE FOR ADHERING TO ALL RULES AND REGULATIONS AS APPROVED BY THE YOUNG ADULT RETREAT COMMITTEE AND OUTLINED IN THE BURN INSTITUTE’S POLICY AND PROCEDURES MANUAL.

I, \_\_\_\_\_, AGREE TO NOTES STATED ABOVE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



Once again, burn survivor support agencies from California, New York and Georgia have collaborated to offer a very special program addressing issues faced by young adult burn survivors by providing a peer-based support retreat.

Attendees must confirm their attendance for the retreat by submitting their completed application and payment by Monday, March 16, 2009 as availability is limited.

**Cost:**

**\$150.00 (by March 15, 2009)**

**\$200 thereafter.**

**Fees DO NOT apply to those in the San Diego service area...**

*Confirmation and retreat materials will be sent out upon receipt of this form*

Please Print:

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Name	E-mail
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Address	City	State	Zip
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Yes, I will need transportation from the airport on Thursday, April 2, 2009

I will be providing my own transportation to and from the site

Yes, I will need transportation to the airport on Sunday, April 5, 2009

**Please make check payable to: Burn Institute**

***IF PAYING BY CREDIT CARD PLEASE PROVIDE***

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Name	Bill Address	Phone #
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Credit Card Form	Credit Card Number	Expiration Date:
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***Mail or fax registration form/fee to: Burn Institute 8825 Aero Dr. Suite 200 San Diego California 92123 Fax 858-541-7179 Any Questions/Comments/Concerns, Please contact Dana Carnduff, 858-541-2277, Ext. 14, [dcarnduff@burninstitute.org](mailto:dcarnduff@burninstitute.org)***

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