



Called and Gifted Retreat 2018

Linwood Spiritual Center, Rhinebeck, New York

October 23-26, 2018

TRAVEL / EMERGENCY CONTACT FORM

NAME _____ SCHOOL _____

CELL PHONE _____ EMAIL _____

FIRST NAME as you would like it to appear on your name tag _____

TRAVEL ARRANGEMENTS *(Please check all that apply.)*

___ I plan to drive from home to Linwood

___ I plan to fly to New York - *Please circle airport: (JFK LaGuardia Westchester Co.)*

Arrival: Airline _____ Flight # _____ Arr. date / time _____ / _____

Departure: Airline _____ Flight # _____ Dep. date / time _____ / _____

___ I plan to rent a car at the airport.

___ I would like to carpool with another participant. *(We will contact you if this is a possibility.)*

___ I plan to travel to Linwood by Amtrak and taxi.

EMERGENCY INFORMATION *(In case of accident or illness during the retreat.)*

Contact Person: _____ Relationship: _____

Phone: Cell: _____ Home: _____ Work: _____

OPTIONAL: Do you have any medical condition or food or drug allergy information that should be given to an emergency care worker in case you are unable to report for yourself?

Please return to the Office of Educational Services by October 2nd to:

Connie Barbarotto at cab@cbinstitute.org

Phone (914) 636-6194 ext. 131 Fax (914) 636-0021 Website: www.ercbna.org