



**Reservations accepted NOW on a first come, first served basis.**

**Complete the following form** one of two ways:

- 1) Type in the details online, then print this form.
- 2) Print this form, then write in the details.

**Include a check** payable to We Can Weekend in the amount of \$50 for each room reserved. Fee is refunded after event.\*

**Mail this form and check to:**

Southeast Cancer Center c/o We Can Weekend  
789 S Mt Auburn Road, Cape Girardeau MO 63703



**For more information:**

SEhealth.org/WeCan  
573-519-4847  
Lbronenkant@SEhealth.org

## RESERVATION FORM

**Friday-Sunday, June 3-5, 2022**

**All COVID-19 precautions will be enforced whenever possible during the course of the weekend. Masks will be required to be worn and worn properly at all times while indoors – there are no exceptions to this. Social distancing will be followed. Hand hygiene will be expected regularly. If you or anyone in your group does not comply with any of the Covid precautions required by the YMCA of the Ozarks and the We Can Weekend team, you and your group will be asked to leave immediately and you will be responsible for all room charges incurred over the weekend. Your deposit will not be returned.**

Name of adult with cancer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you attended before? [ ] NO [ ] YES If yes, what year? \_\_\_\_\_

Type of cancer: \_\_\_\_\_ Oncologist: \_\_\_\_\_

Cancer center: \_\_\_\_\_

Are you currently undergoing treatment? [ ] NO [ ] YES If yes, please describe below: \_\_\_\_\_

[ ] Chemo Name of Chemo: \_\_\_\_\_ Date of last treatment: \_\_\_\_\_

[ ] Radiation Date of last treatment: \_\_\_\_\_ Location of radiation: \_\_\_\_\_

[ ] Surgery Date of surgery: \_\_\_\_\_ Type of surgery: \_\_\_\_\_

[ ] Other / describe: \_\_\_\_\_

## ATTENDEES

We Can Weekend is designed for adults who are currently undergoing treatment for cancer or have completed treatment within the last two years.

**The adult's immediate support system may attend including spouse/significant other, caregiver, and/or children who live in the same household.**

**If more than one room is needed, please contact the We Can Weekend team at 573-519-4847 or lbronenkant@sehealth.org**

**DO ANY ATTENDEES HAVE SPECIAL NEEDS?  NO  YES Please provide details on the back side of this form.**

| Full name                | Relationship to adult | Age | Sex | T-shirt size                     |
|--------------------------|-----------------------|-----|-----|----------------------------------|
| Adult with cancer: _____ |                       |     |     | [ ] Adult size<br>[ ] Child size |
| _____                    |                       |     |     | [ ] Adult size<br>[ ] Child size |
| _____                    |                       |     |     | [ ] Adult size<br>[ ] Child size |
| _____                    |                       |     |     | [ ] Adult size<br>[ ] Child size |
| _____                    |                       |     |     | [ ] Adult size<br>[ ] Child size |
| _____                    |                       |     |     | [ ] Adult size<br>[ ] Child size |
| _____                    |                       |     |     | [ ] Adult size<br>[ ] Child size |

Refund of reservation fee is dependent upon attendance at the weekend, participation in scheduled group activities with We Can Weekend Team, as well as adhering to all COVID-19 precautions & guidelines.