RESERVATIONS ACCEPTED ON A FIRST COME, FIRST SERVED BASIS





Fri.-Sun. June 2-4, 2023

Address:

Name of Adult with Cancer:

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. Refund of reservation fee is dependent upon attendance at the weekend and participation in scheduled group activities with We Can Weekend Team.

Mail this form and check to:

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

RESERVATION FORM

City / State / Zip:

For more information: sehealth.org/wcw 573-519-4847 Lbronenkant@SEhealth.org

Date of Birth:

Have you attended before? LINO LIYES	If yes, w	nat year?				
Type of Cancer:		Oncologist:				
Where do you receive treament:						
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 ed treatment within the last two years. The ad caregiver, and/or children who are closely invocontact the We Can Weekend team at 573-519	ult's immediate supp Dived in the care of the D-4847 or Ibronenkant	ort system may attend incle adult with cancer. If more @sehealth.org.	uding s e than o	pouse one ro	e/significan oom is need	nt other, ded, please
DO ANY ATTENDEES HAVE SPECIAL NE		Please provide details o	on the b	oack s		
Full Name	*Date of Birth (MM/DD/YYYY)	Relationship to Adult	Age	Sex	Adult C Shirt Size	R Youth Shirt Size
Adult with cancer:						
*Full date of birth needed for anyone 18 or older as	requested by the YMCA	. l.		İ		CA53670