



# Cottage Application

## Applicant Information

Name:

Current address:

City:

Prov:

Postal:

Home Phone:

Cell Phone:

Email:

Age:

Doctors Contact Information:

Doctors Note:

## Information

Is there a preferred month in which you would like to stay?

How long would you like to stay (weekend or week?)

How far are you willing to travel?


How many people will be staying with you (if any and ages)?

How many beds/bedrooms do you require?

Do you have any pets that you will be bringing?

Do you require a populated area within close proximity of neighbors?

Do you require a secluded area without many neighbors close by?

 For the purposes of staying at one of our facilities we require the client to be under the care of a doctor.

 When finished filling out the form please return it to us at [raeol@outlook.com](mailto:raeol@outlook.com)