

# 4th Annual Men's Retreat at Rehoboth Beach



BRANDYWINE VALLEY  
HEMOPHILIA FOUNDATION

First Name

Last Name

Street Address

Address line 2

City

State

ZIP Code

Phone

Age Range

Email

Emergency Contact Name

Emergency Contact Phone

Emergency Contact Relationship To You

Do you consent to share information on this form with program sponsors?

What type of bleeding disorder do you have?

Do you have any other medical issues? Please describe, or enter none.

Sponsored by

**BIOMATRIX**  
Specialty Infusion Pharmacy

**HEMA**  
Biologics™

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PHARMA

**octapharma**

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**Are you or a family member employed by a specialty pharmacy or product manufacturer?**

**If accepted, will you be able to provide confirmation of your bleeding disorder**

**Please list any dietary restrictions or food allergies or enter none.**

**Accommodation will be double occupancy. Please confirm you are comfortable sharing a room with another Men's Retreat member. An additional fee applies for single rooms.**

**Do you need an ADA-compliant room?**

**Please list any mobility accommodations you may need, or enter none.**

**Have you attended any multi-night hemophilia community programs in the past? If so, which event(s)? If none, enter none.**

**Please list the bleeding disorder chapter or chapters where you are an active member. If none, enter none.**

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Do you volunteer within the bleeding disorders community?

If yes, please describe

What would attending this event mean to you?

## Please Check All Boxes to confirm

You are able to provide travel to and from event in Rehoboth Beach, DE at your own expense.

You are over 21

You are a male with Hemophilia A or B, vWD, an inhibitor, or other bleeding disorder

**Full Name**

**Date**

Please be considerate of the health and well-being of your fellow community members. If you feel unwell, test positive for COVID, have flu-like symptoms, or otherwise feel sick, please stay at home and recover. We appreciate your understanding. We look forward to hosting a healthy and happy Men's Retreat.

## Please confirm the following

I understand that this event is meant for men with a bleeding disorder and that unaffected family members (spouses, significant others, children) are not invited to attend. Submitted applications will be reviewed by the Brandywine Valley Hemophilia Association and selected applicants will be notified.

SUBMIT YOUR FORM: Please save a copy of your form and email it to Gail at the Brandywine Valley Hemophilia Foundation: [gvannicola@verizon.net](mailto:gvannicola@verizon.net)