



**Do you take any medicine regularly?**    Y   N    If yes, Explain: \_\_\_\_\_

**Do you have any allergies?**    Y   N    If yes, Explain: \_\_\_\_\_

**Do you have any other Health Concerns?**    Y   N    If yes, Explain: \_\_\_\_\_

**PLEASE SEND ALL COMPLETED APPLICATION FORMS TO:**  
Attn: Dominique Alexis, Events Planner  
101-3535 Old Okanagan Hwy, Westbank, British Columbia V4T 3J6  
Fax 250.707.0166 Email: [dalexis@syilx.org](mailto:dalexis@syilx.org)

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