

Moonlight Fund Retreat

Canyon of the Eagles, Lake Buchanan, Texas

Name _____ Spouse/caregiver _____ (if attending)

Phone # _____

Address _____

Injured in Iraq ___ Afghanistan ___ Date of Injury _____

Description of Injury _____

Current attending physician or Therapist _____

Phone # _____

Diet Restrictions? _____

Will you need transportation? _____

I do ___ I do not ___ give permission of film or copy of my participation in the retreat

Any Additional Needs? _____

Participant's signature

The Moonlight Fund www.moonlightfund.org
210-445-0971 Fax- 830-890-5440

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Texas Resources for Iraq-Afghanistan Deployment Fund
A division of the San Antonio Area Foundation