



Program Application

3361 Cottonwood Rd NW
Baudette, MN 56623
Toll Free (888) 212-7031
Phone (218) 634-1356
Fax (218) 634-3273

PARTICIPANT (please print small)

Name: _____
Nickname (for your badge): _____
St. Address: _____
City: _____ St: _____ Zip: _____
Home phone: _____
Alternative phone: _____
Email address: _____
Emergency phone: _____ Name: _____
Occupation: _____
Circle one: single / married/ widowed / divorced/ separated
Social Security #: _____
Height: _____ Weight: _____ Age: _____
Latest blood pressure reading: / Nationality: _____
Gender: M F Date of Birth: _____
My health concerns include: _____

Any other disease, illness, or disorders we should know about?
Please specify: _____

Your physicians name, address and phone #: _____

COMPANION Lifestyle Guest Companion only

Name: _____
Nickname (for your badge): _____
St. Address: _____
City: _____ St: _____ Zip: _____
Home phone: _____
Alternative phone: _____
Email address: _____
Emergency phone: _____ Name: _____
Occupation: _____
Circle one: single / married/ widowed / divorced/ separated
Social Security #: _____
Height: _____ Weight: _____ Age: _____
Latest blood pressure reading: / Nationality: _____
Gender: M F Date of Birth: _____
My health concerns include: _____

Any other disease, illness, or disorders we should know about?
Please specify: _____

Do you smoke: Yes No
Do you have mobility or sight restrictions? Yes No
Are you a Wildwood Inn Health Retreat Alumnus? Yes No

Do you smoke: Yes No
Do you have mobility or sight restrictions? Yes No
Are you a Wildwood Inn Health Retreat Alumnus? Yes No

Circle one: I/we wish to attend the: 10 day/21 day Lifestyle Program: beginning: _____ ending: _____
Please reserve the following room classification: Shared Room Private Room (All rooms have a private bath)
I/we will be arriving Car Shu Bus Air Date: _____ Time: _____ AM PM
If you will be arriving by air to Bemidji or International Falls, please provide the following: Airline: _____ Flight #: _____

Let us know the details of your arrival as we would like to provide a pick-up service on the day of arrival. I/we are enclosing a non-refundable deposit of \$ _____ to secure room for _____ person/s. (Room may be secured by phone via credit card by calling 888-212-7031.) The balance of the program fee is payable at time of check-in by cash, check or credit card. Please mail complete program application to: Wildwood Inn Health Retreat, 3361 Cottonwood Rd NW, Baudette, MN 56623 or fax to: 218-634-3273. Please remember to bring medical records.

Signature(s): _____
4-day Extended Care Reservation: from _____ to _____ (6-8 months after program)

DEPOSIT MADE BY CREDIT CARD:
 Visa Master Card Discover Amer. Expr. Card#: _____
Deposit Payment Date: / / Expiration Date: /