



Dear Physician,

The patient named below has applied to attend a one day retreat conducted by Reel Escape For Women, by the High Sierra Fly Casters a local non-profit organization that provides and participates in fly-fishing retreats for women, men and children recovering from cancer. Women with any form of life-threatening cancer, in treatment or recovery, are eligible for the retreat if physically able. The event will include fly-fishing instruction by trained fly-fishing instructors. Physical exercise will include fly-casting, extended periods of standing, and fishing in a stream or beside a pond, assisted at all times by experienced guides. The students are encouraged to participate at their own pace and activity level, with rest periods available whenever needed. All meals, beverages and lodging are provided by Reel Escape and dietary restrictions are taken into account as much as possible.

**Please fill out, sign and return this form to the address or fax below. If you have any questions, please call the voice number below. Thank you.**

Name of Participant: \_\_\_\_\_

Location of Retreat: \_\_\_\_\_

Date: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical Restrictions and/or Special Needs: \_\_\_\_\_

I believe that the above-named patient is a reasonable candidate to participate in the Reel Escape retreat listed above.

Physician's Signature: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Clinic/Practice: \_\_\_\_\_

**Please return this form to:**

Reel Escape for Women  
High Sierra Fly Casters  
P.O. Box 3121  
Gardnerville, NV 89410  
775-782-4734  
775-790-2376