



A 501(c)3 nonprofit organization

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### Beyond Boundaries Registration 2009

#### **Dear Prospective Beyond Boundaries Participant**

Thanks for your interest in *Beyond Boundaries*. As you may know, the program has grown steadily since its founding in 1995. Increased demand for the program has come not only from the rehab facilities that have brought teams in the past, but from new rehab facilities and a variety of individuals, including some with disabilities other than spinal cord injury. As a result we are excited to share some new developments and changes to the process. PLEASE take the time to read through this complete document before responding.

**We have scheduled the 2009 event to take place -- September 11-13, 2009**

#### **Team Registration**

This is how most people in the past have registered and is usually the best way for a group from a rehab facility or other organization. As a reminder, a team consists of up to 6 people, with up to 3 of them being people with SCI or other disability. Team registration fee is \$1000. Individual fee is \$250 per person, which includes cost of personal attendant, if needed.

#### **About the Cost**

Our core philosophy is that cost cannot be a barrier to participation. At the same time, it is necessary to charge a fee to maintain stability and improve the quality of the program. We do our best to keep these costs down by using volunteer staff, foundation grants, fundraising events, and donated equipment and services wherever possible. We also depend on support from corporate sponsors and individuals donors to keep costs down for participants, so we would appreciate your putting us in contact with any companies or individuals that you think might be willing to support the program financially.

In order to continue to offer the program at an affordable cost, we do require that everyone follow the registration process as outlined and meet any deadlines for fees and/or information. We thank you in advance for recognizing the value and necessity of working with us so that we can continue to provide a safe and exciting *Beyond Boundaries* program to you.

#### ***Beyond Boundaries* Reservation Process:**

1. Complete and submit the attached **Reservation Form**. Remember, the sooner you get these in, the better, since scheduling will be done on a first-come, first-served basis. The completed and signed **Reservation Form** may be returned via e-mail or regular mail.
2. As we receive completed **Reservation Forms**, we review all requests and prepare a schedule that accommodates as many of the participant numbers as possible. Our target is to get back to you within two weeks of receiving your Reservation Form.

Please note that the numbers of participants for any given program date is limited to ensure safety and program integrity. We are currently limiting the number of participants to six teams total from all participating facilities and/or agencies. If you have "extra" people from your facility that would like to attend they will be (if desired) put on a waiting list and we will accommodate them as best we can.

Thanks and please let me know if you have any questions! The completed **Reservation Form** should be sent to:

Adaptive Adventures  
C/O Joel H. Berman  
2616 Wilmette Ave.  
Wilmette, IL 60091



# RESERVATION FORM

**Beyond Boundaries 2009**



Please indicate the number of teams for which you would like to reserve space.

\_\_\_\_ **Desired number of teams (up to 6 individuals, including up to 3 with SCI) OR...**

\_\_\_\_ **# of individuals (no rehab hospital team affiliation) & \_\_\_\_ # of Personal Attendants**

\_\_\_\_ **Total number of participants with SCI**

Primary contact for any participants from your facility and person who receives correspondence from us.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Submitted by (Name): \_\_\_\_\_ Title: \_\_\_\_\_

I understand that submission of this Reservation Form includes a commitment to pay 2009 Team Fees of \$1,000 per team reservation requested (up to six individuals, including up to 3 with SCI) or \$250 per individual participant, which includes personal attendant, if needed. Team Fees are non-refundable and are due on or before 15 days prior to the event. Payment should be made to Adaptive Adventures and should be sent to the following address:

Adaptive Adventures  
C/O Joel H. Berman  
2616 Wilmette Ave.  
Wilmette, IL 60091

Completed Reservation Forms should be sent to Joel H. Berman at:

joel@adaptiveadventures.org

**Reservation Forms are due on the dates specified, but remember that teams will be scheduled on a first come/first served basis, so it is in your interest to respond ASAP!**