



REGISTRATION 2010

www.giftsretreats.com
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Welcome to our Wellness G.I.F.T.S. Retreats for families with members with special needs! We are excited that you will be joining us for this relaxation and rejuvenation. A few notes about "how things work."

Cost: The cost of the Retreat is divided into tuition, lodging and therapy services so that you can choose what fits for your family.

Transportation: Transportation to and from the retreat is your responsibility.

Personal Attendant Care: Each family will be matched up with an assistant to give support, but not personal care. If you require a personal attendant care, you must bring your own attendant. A discount is given to these attendants.

Our family will be attending: _____ **June 18-20** _____ **July 23-25** _____ **August 27-29** _____ **September 24-26**

Name (of special needs child(ren)): _____

Parent/Guardian Name _____

Address: _____ City _____ County _____

State _____ Zip _____

Phone: (____) _____ Cell Phone (____) _____ Email Address: _____

Name of Person to notify in case of emergency: _____

Relationship: _____ Phone:(____) _____ Cell Phone:(____) _____

(Please give name of person NOT ATTENDING the retreat)

I. RETREAT TUITION

<u>T-Shirt Size</u>	<u>Adult Name(s):</u>	<u>Rates per weekend/per person</u>
S M L XL	1. _____	x \$70.00 = _____
S M L XL	2. _____	x \$70.00 = _____
S M L XL	3. _____	x \$70.00 = _____

(Note: Ages 4 - 17 = \$50.00 Ages 0-3 = Free)

<u>Child's Name:</u>		
S M) L XL	1. _____	x \$50.00 = _____
	Age: _____ Date of Birth _____ Sex: M F	
	Diagnosis _____	

<u>Sibling Name(s):</u>		
S M L XL	1. _____	x \$50.00 = _____
	Age: _____ Date of Birth: _____ Sex: M F	
S M L XL	2. _____	x \$50.00 = _____
	Age: _____ Date of Birth: _____ Sex: M F	

S M L XL	<u>Personal Care Attendant Name (if applicable)</u>	x \$60.00 = _____

SUBTOTAL _____

* Does anyone in your group use a wheelchair? _____ Yes _____ No
 Who? _____

(OVER)

II. LODGING at Hickory Hill Family Camping Resort (www.HickoryHillCampResort.com)

Hickory Hill offers 10% off the regular rates to retreat participants. **Come early or stay after the retreat for the same discounted price!** Take in the local attractions or just kick back & relax. Book early as sites are taken quickly!

Please fill in: **Arrival Date:** _____
 (Check in is at 3pm) **Departure Date:** _____
 (Check out is at 11 am)

Lodge (sleep 8)	\$144.00 night	x _____	# nights = _____
Cottage (sleeps 6)	\$122.00 night	x _____	# nights = _____
Camping Cabin (sleep 4)	\$80.00 night	x _____	# nights = _____
Electric and Water Site	\$39.00 night	x _____	# nights = _____
Electric, Water and Sewer Site	\$41.00 night	x _____	# nights = _____
			SUBTOTAL _____

III. THERAPY SERVICES (provided by **Finger Lakes Wellness Center & Health Spa**)

Therapeutic Massage: (Sessions need to be booked in advance).
 1/2 hour \$40.00 x _____ (# of sessions) = _____
 1 hour \$70.00 x _____ (# of sessions) = _____

www.FingerLakesWellness.com

SUBTOTAL _____

IV. OPTIONAL FRIDAY NIGHT DINNER

Number of Adults @ \$ 7.50 = _____
 Number of Children @ \$ 6.00 = _____

Tuition Subtotal _____
Lodging Subtotal: _____
Therapy Subtotal: _____
Optional Friday Dinner _____
The TOTAL cost for your family: _____
 Minus \$50.00 **non-refundable** deposit: - 50.00
BALANCE DUE: _____
 (Due **ONE MONTH PRIOR** to the retreat)

A confirmation receipt will be sent to you. The balance for the retreat will be due in **TOTAL ONE MONTH** before retreat. Please include a family photo with this registration form.

Checks are to be made out to Wellness G.I.F.T.S., Inc. and mailed to:
7531 County Rte. 13. , Bath, NY. 14810

You may want to contact the following **funding sources** to attend the Wellness G.I.F.T.S. Retreats.
Federal, State or Local Agencies: Rotary Clubs, Lions Clubs, Shriner's Clubs, Civic Organizations,
 Family Reimbursement Program through local DDSO or Family Support Program
Local Foundations: Easter Seals, United Way, School PTA, Churches.

For further information please feel free to contact our family registrar Linda Muller at 607-776-0043