



**Wellness G.I.F.T.S.
Retreat Registration Form 2012**

Please check the retreat your family is planning to attend:	<input type="checkbox"/> June 15-17, 2012	<input type="checkbox"/> July 27-29, 2012	<input type="checkbox"/> August 24-26, 2012
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Section 1: Retreat Tuition*/Participant Information				
Parent or Caregiver/Name (17 and older)			T-Shirt Size	Fee
				\$70.00
				\$70.00
				\$70.00
Personal Care Assistant			T-Shirt Size	Fee
				\$60.00
Children/Name	Age	Diagnosis	T-Shirt Size	Fee
				\$50.00
				\$50.00
				\$50.00
				\$50.00

*Scholarships are available to cover the cost of tuition for those who qualify. See scholarship application form for more information.	Total Cost of Tuition:	\$
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County of Residence:		Does anyone in the group require wheelchair accessibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		Home Phone:	
		Cell Phone:	
		Email:	
Emergency Contact Information (please list a person who will not be attending the retreat):			
Name:		Relationship:	
Home Phone:		Cell Phone:	

Photo Permission	
"I do hereby give Wellness G.I.F.T.S. permission to use photographs, videotapes with or without audiotapes that may be taken while my child(ren) and family are attending the retreats for promotional, educational or fund-raising activities. I understand that these likenesses will be used to promote public awareness, understanding and support of the Wellness G.I.F.T.S. program".	
Signature:	Date:
Please include a photo of your family with this registration form. Thank you!	

Section 2: Accommodations

The Hickory Hill Family Camping Resort offers discounted prices to campers with the *Wellness G.I.F.T.S.* program. Come early and stay late for the same reduced rate. Make reservations early as sites are taken quickly!

Arrival Date (Check-in at 3 PM):		Departure Date (Check-out is at 11 AM):	
Accommodation Options	Fee per Night	Number of Nights	Total
Lodge (sleeps 8)	\$160.00		
Cottage (sleeps 6)	\$132.00		
Camping Cabin (sleeps 4)	\$100.00		
Electric and Water Site	\$46.00		
Electric, Water and Sewer Site	\$52.00		
Will you be bringing a pet? If yes, a non-refundable \$20.00 fee applies.			
Please provide proof of current Rabies vaccination with your registration form. <input type="checkbox"/> Yes <input type="checkbox"/> No			
*Please note that The Hickory Hill Family Camping Resort requires security deposits for Lodges, Cottages and Camping Cabins. See Section 6 for more information.			

For a virtual tour of the accommodations available, visit www.hickoryhillcampresort.com.

Total Cost of Accommodations:	
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Section 3: Therapy Services (Optional)

Services are provided by *The Finger Lakes Wellness Center and Health Spa*. For more Information about their services, please contact (607) 776-3737 extension 1 or visit www.FingerLakesWellness.com.

	Length of Service	Fee	Number of Sessions	Total
Therapeutic Massage	30 minutes	\$45.00		
	60 minutes	\$75.00		
Total Cost of Therapy Services				

Section 4: Funding from Other Organizations (complete if applicable)

Do you expect to receive funds from an organization to help pay for retreat costs? If so, please list the name of the organization:			
Amount Received/Expected:	\$	Do you have a Service Coordinator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Name:		Agency:	
Phone:		Email:	

- There will be an optional dinner on Friday night. Cost is \$7.00 per adult, \$6.50 per child.
- A \$50.00 non-refundable deposit is due with the registration form. This deposit will hold your reservation. The remaining balance is due one month before the retreat. Checks should be made out to **Wellness G.I.F.T.S.**
- Refunds (less the \$50.00 non-refundable deposit) will be given if the vacancy created by the cancellation can be filled prior to the retreat.

Total Tuition:	
Total Accommodations :	
Pet Fee (if applicable):	
Therapy Services (optional):	
Friday Night Dinner (optional):	
Balance Due:	

Section 5: Family Information

Are there any dietary needs or food allergies that should be noted?

Will anyone celebrate a birthday or anniversary during the retreat? If you would like a special event recognized, please list in the space provided.

Are there any behavioral concerns that should be noted? If so, please indicate how this should be addressed.

What activities are the children who will be attending the retreat most excited about?

Are there any other medical issues that should be noted?

If there are other items that staff and volunteers should be aware of, please list below.

Section 6: Lodging Security Deposit

- *The Hickory Hill Family Camping Resort* requires a security deposit for Lodges, Cottages and Camping Cabins. Deposits are payable by check or credit card. Checks should be made out to ***The Hickory Hill Family Camping Resort***. If paying by credit card, please provide the information requested below.
- Checks will not be cashed and credit cards will not be charged unless the security deposit is needed to pay for the cost of property damage or cleaning beyond routine services. If there are no concerns noted following unit inspection after check-out, your credit card information will be destroyed and checks will be returned.
- Please note that *Wellness G.I.F.T.S.* does not accept credit cards as a method of payment. The security deposit is an arrangement with *The Hickory Hill Family Camping Resort*. In the event that credit card charges are necessary to pay the security deposit, the transaction will be processed by *The Hickory Hill Family Camping Resort*.

Name (as it appears on the card):			
Credit Card Number:		Address:	
Expiration Date:		Security Code:	

Lodging	Security Deposit
Lodge	Single Fee of \$100.00
Cottage	Single Fee of \$100.00
Camping Cabin	Single Fee of \$50.00

Section 7: Submission Checklist

To ensure timely processing of your registration, please verify the following prior to submission:

- All required sections of the registration form have been completed.
- Any retreat participants who are eligible to receive services through The Office For People With Developmental Disabilities (OPWDD) and live in Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Wyoming or Yates counties, please include proof of eligibility. Acceptable documents include one of the following:
 - Notice of Decision for participation in the waiver program **OR**
 - Letter of Enrollment in NYS Cares **OR**
 - Acceptance letter for the OPWDD Care-at-Home Waivers III, IV and VI **OR**
 - Notice to those who received Comprehensive Medicaid Case Management (CMCM) that they will be receiving Medicaid Service Coordination (MSC)
- Scholarships forms, if applicable, are included.
- If you will be bringing a pet, a copy of the current Rabies vaccination record is included.
- A deposit for at least \$50.00 has been included. Checks or Money Orders have been made out to ***Wellness G.I.F.T.S.***
- Security deposit is included with checks made out to ***The Hickory Hill Family Camping Resort*** or credit card information has been provided in Section 6.

Mail registration form and payments to Wellness G.I.F.T.S., 7531 County Route 13, Bath, NY 14810

Have questions? Need more information?

- **Call** (607) 776-3737, extension 2
- **Visit** us at www.GiftsRetreats.com
- **Email** us at wellness@GiftsRetreats.com