

WELLNESS G.I.F.T.S.

Registration: Rochester, October 3, 2010 "Day Camp"

Host Campground: Rochester Rotary Sunshine Campus

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

Personal Attendant Care: Each family will have an "assistant" to give support during the day, but they will not provide personal care. If you require personal attendant care, you must bring your own attendant. A discount is given to these attendants.

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Name: _____ County _____
Address: _____ City _____ State _____ Zip _____
Home Phone: _____ Cell Phone: _____
E-Mail Address: _____

Name of Person to notify in case of emergency (someone not at the camp)

Name: _____ Relation: _____
Phone: _____ Cell Phone: _____

RETREAT TUITION:

ADULTS:

Name _____ T-shirt size _____ x \$25.00= _____
Name _____ T-shirt size _____ x 25.00 = _____

CHILDREN:

Name _____ T-shirt size _____ x \$10.00 = _____
Age: _____ Date of Birth: _____
Diagnosis: _____

Name _____ T-shirt size _____ x 10.00= _____
Age: _____ Date of Birth: _____
Diagnosis: _____

Name _____ T-shirt size _____ x \$10.00 = _____
Age: _____ Date of Birth: _____
Diagnosis: _____

Personal Care Attendant(If applicable) Name _____ x \$15= _____

Does anyone in your group use a wheelchair? _____ Who? _____

TOTAL DUE \$ _____

Checks Only: Mail to Wellness GIFTS, 7531 County Route 13, Bath, NY 14810

Questions? Or Concerns: Call Linda Muller, Family Registrar (607) 776-0043 or e-mail:

wellnessgiftsdirector@yahoo.com