

WICS Annual R&R Retreat

May 31- June 2, 2013



at the beautiful **Seabeck Conference Center** on Hood Canal.

"A Place of Peace and Healing"



Retreat Costs:

\$200.00 per person (shared room)
2 nights lodging & 6 meals
(Friday supper through Sunday lunch)



✿ Registration begins Friday afternoon at 4:00pm ✿ Friday evening supper is at 6:30pm ✿
✿ Orientation meeting at 6:00pm for first-time attendees ✿



Your Program...Your Retreat...Your Own R&R

Make this time your own by paying attention to your Preferences, Needs and Healing...

- ☀ Walk on the Beautiful Grounds or the Beach with Others or by Yourself ☀
 - ✓ Attend Practical Presentations that are Diverse and Stimulating ✓
 - ♥ Treat Yourself to a Massage ♥
- ☺ Attend Activities that are Fun and Allow for Individual and Group Participation ☺



Feel Free to Bring a Photo of Your Loved One to Share with the Group



Registration Due By: **May 10, 2013**
(Please Try to Send In Your Registration Form & Fee EARLY!)



For more information, call WICS at **206-241-5650**
or email wicsoffice@qwestoffice.net

We will send directions with the acknowledgment of your registration or
you can get directions at www.seabeck.org

There will be a WICS/TCF Children's grief support program for children ages 5-17
and their parents. If you are interested in bringing your children to the retreat,
call **206-241-5650** for more information.



WICS Annual R&R Retreat

Due by: **May 10, 2013**



Please Send In Your Registration Form & Fee EARLY!

Please **PRINT** clearly. Thank you!

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone: Home (_____) _____

Alternate (_____) _____

Email: _____

Please check all that apply:

Single Occupant room – **add'l cost: \$40** per person
(Limited number of single rooms available.)

I Want to Room with: _____

Special Diet: _____

Special Needs (Physical limitations/other considerations): _____

Chair Massage – available Saturday for \$20. Payment & appt made at retreat. **Please indicate your interest.**

Box Lunch – Sunday (for those who need to leave early)

WAIVER - WICS and Seabeck Conference Center assume no responsibility for injury to guests, loss or damage of personal property. Participants are responsible for safeguarding their persons and possessions during the retreat.

Signature: _____

2 Nights (Shared Room) & 6 Meals: (Fri. supper thru Sun. lunch) \$200.00 per person _____
(Lodging includes all bedding, towels, washcloths & soap)

Add'l Fee for Single Occupancy of Room: \$ 40.00 per person _____

Contribution to Scholarship Fund: _____

♥ Thank you. ♥ Your contribution will assist other widows/widowers to attend the retreat.♥

Total Enclosed with Registration: _____

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**Limited Scholarships are available.**  
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WICS/TCF Parents and Children Program Registration

Please **PRINT** clearly.

Parent(s) Name/s: _____

Child(ren): Name: _____ Age: ____ Name: _____ Age: ____ Name: _____ Age: ____

Phone number and easiest way to reach you: _____

Email: _____ Cell # while at Seabeck: _____

Allergies/physical limitations: _____

Parent/s signature: _____

Costs per person: **Adults: \$140 Youth 12-17: \$95 Children 5-11: \$75 Maximum per family: \$360**

Remember: Sturdy shoes (tennis shoes ok) must be worn any time children are playing outside.

To pay by CREDIT CARD

Please **PRINT** clearly.

The exact name of person on the card: _____

Card Number: _____

Card Expiration: Month _____ Year _____ V code three digits on the back: _____

Phone number: _____ Zip code of mailing address for this card: _____

Your signature: _____

Make Checks payable to WICS or use the Credit Card form above.

Send **Registration Form & Payment** to:

WICS Retreat

P.O. Box 66896

Seattle, WA 98166-0896