



# Woodlands – Young Adults (ages 19 – 24) 2012 Spring Weekend Retreats Registration

### Retreat Dates:

- January 20 - 22
- February 17 - 19
- March 9 - 11
- April 20 - 22
- May 19 – 20 (see check in time)

### Retreat Theme:

- Who U R in 2012
- Game Mania
- We Are The Champions
- Rainforest Expedition
- Carnival Craze

#### **Check-in will be on Fridays as follows:**

Last names ending in A - K 5:30-6:15 PM

Last names ending in L – Z 6:15-7:00 PM

**Check-out will be Sundays at 11:00 am for all**

#### **NOTE for the May retreat:**

Check -in Saturday morning as follows:

Last names ending in A - K 9:00-9:45 AM

Last names ending in L – Z 9:45-10:30 AM

Check-out Sunday evening 6 – 7 PM for all

#### **Retreat Refund policy:**

- The 50% deposit to book your retreat is non-refundable.
- Cancellations less than 7 days before the retreat are non-refundable.
- All other refund requests will be handled on an individual basis.

#### **Payment:**

- Retreat Fee = \$100 per retreat
- 50% deposit is required to book your spot in the retreat.
- Retreat payment in full is due no later than 7 days prior to start of retreat.
- **Late Fee - Registration payments not received in full 7 days prior to the retreat will be subject to a \$10 service fee.**
- **Waivers** – A deposit is not required at time of registration, however a confirmation of available waiver funds is required at time of registration through your supports coordinator in order to confirm your spot.
- Payment may be made by credit card or check.
- Please make checks payable to the Woodlands.
- All registrations must be mailed, faxed, or emailed to the Woodlands before start of program. **We will not accept registrations by phone.**
- **Send registrations to:**  
**The Woodlands 134 Shenot Road Wexford, PA 15090**  
**Fax: 724-935-6511 Email: [programs@woodlandsfoundation.org](mailto:programs@woodlandsfoundation.org)**



## Woodlands – Young Adult Retreats

Participant Name: \_\_\_\_\_ Age : \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Email (s): \_\_\_\_\_

#### **Please indicate which retreats you will attend:**

Jan 20 - 22       Feb 17 - 19       March 9 - 11       April 20 - 22       May 19 - 20

**Payment method:**    Waiver       Check       Visa       Mastercard      **Amount Due: \$ \_\_\_\_\_**

Waiver information: \_\_\_\_\_ Supports Contact: \_\_\_\_\_

Name on credit card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

CC # : \_\_\_\_\_ 3 digit security code: \_\_\_\_\_ Expiration : \_\_\_\_\_