



## Woodlands - Youth & Teens (ages 8 – 18) 2012 Spring Weekend Retreats Registration

**Retreat Dates:**  
January 27 – 29  
February 24 – 26  
March 23 – 25  
April 27 – 29  
May 11 – 12

**Retreat Theme:**  
Who U R in 2012  
Game Mania  
We Are the Champions  
Rainforest Expedition  
Carnival Craze / Mother's Day Social

### Check-in & Check-out times:

Friday check-in times will be 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 Sunday at 11:00 am for all retreats...EXCEPT Mother's Day weekend when check out will be after dinner 7 – 8 PM.

### 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 - Youth & Teen Retreats

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

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

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

### Please indicate which retreats you will attend:

Jan 27 - 29       Feb 24 - 26       March 23 - 25       April 27 - 29       May 11 - 12

**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 : \_\_\_\_\_