



iThrive Wellness Camp

Sponsored by:

Adventist WholeHealth Network &
PA Conference of Seventh-day Adventists

REGISTRATION FORM

Date: _____

Full Name (print): _____

Birthdate: _____ Age: _____ Male Female

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Email: _____

My health concerns include:

Do you have mobility, sight or dietary restrictions? If so, please list:

Registration Fees: \$250 Adult- Please complete a separate registration form per adult

\$150 Child (under 18)

*Adults attending x \$250=

****Please attach additional adult registration forms***

Children attending x \$150=

Please list names _____

Total fees \$

Location: Blue Mt. Academy
2363 Mountain Rd, Hamburg, PA 19526

Camp Dates: July 24-July 28, 2019

Registration Deadline: Sunday, July 21, 2019

REGISTRATION AND CANCELATION POLICY

1. **DATES:** The Wellness Camp will take place July 24-28, 2019. You will be expected to arrive at Blue Mt. Academy between 4-6pm on Wednesday, July 24 for registration. Camp will conclude on Sunday, July 28 at 1pm.

2. **COST: \$250 per adult with lodging and \$150 per adult without lodging. \$150 per child (under 18 yrs old). Please register and pay online or fill out this form and make your check payable to Adventist WholeHealth Network.** This expense covers all aspects of the camp (food, lodging, classes, workshops, camp folder, wellness consultations, coaching, etc.). **If you are unable to attend the entire program, fees will not be prorated.**

NOTE: YOUR LOCAL CHURCH MAY BE PARTICIPATING IN A SPONSORSHIP PLAN. WE ENCOURAGE YOU TO SPEAK TO YOUR LOCAL CHURCH PASTOR FOR DETAILS.

3. Please mail this completed registration form along with your payment to:

Adventist WholeHealth Network
2363 Mountain Road
Hamburg, PA 19526

Please make your check payable to Adventist WholeHealth Network.

Have questions? Call Ben Parrish 484-772-8639 or Rick Christman 678-788-5622

4. **HOUSING:** You will be assigned a cabin or dorm room upon arrival and will be housed with a roommate in your assigned cabin/room.

***NOTE:** There is an extra fee of \$100 fee for single guest rooms. We will fill them with priority to those needing physical assistance on a first-come-first-serve basis.*

I would like to be in a cabin/room with the following retreat attendee(s):

I request to have my own cabin/guest room and NOT share with anyone else (extra \$100 fee)

Your Signature: _____ Date: _____

NOTE: Once we receive your application and payment, you will be sent a Health Assessment Form to fill out and send in before the start of Wellness Camp.