

Creative Healing Connections, Inc.
presents

Adirondack Arts & Healing Retreat

at Great Camp Sagamore

September 24-26, 2010 or October 1-3, 2010
\$299 per person*

For Office Use
Number _____
Regst Rec'd _____
Status _____
Deposit amt. _____
Depos Rec'd _____
Amt. Due _____
Hlth Fm rec'd _____

Registration Form

We urge you to send in your registration and \$25 deposit as soon as possible. Registrations will be accepted on a first come, first served basis. Deadline is August 30th!

Retreat Date (Check one): ___ Sept 24-26 OR ___ Oct 1-3

Name of Participant _____

Address _____

Phone Number _____

Email _____

Do you request a specific roommate? _____

Do you request a single room? Y / N
(If they are available, cost is an additional \$90 for the two nights.)

Do you request a partial (\$150) scholarship? Y / N *(If so, please fill out and return application with this form.)*

Do you qualify for a Komen Breast Cancer scholarship? Y / N

Please tell us where you heard about this retreat. _____

Please return this form and a \$25 deposit made out to Adirondack Arts & Healing Retreat to:
Fran Yardley, Adirondack Arts & Healing Retreat, P.O. Box 545 Saranac Lake, NY
12983

**Normally \$349- Sagamore has generously provided a \$50 scholarship for all registrants.
Applications for an additional \$150 scholarship are available.
Fee includes meals, accommodations and activities.*

Reiki will be available for an optional fee; please check here if you might be interested. _____