

# WELLNESS & SOCIALIZATION FOR WOMEN WITH DISABILITIES



## NOVEMBER 6-8, 2020

Come and learn new ways to socialize, improve your skills, and learn how to take great care of yourself! Activities will include self-care and wellness, games, and time to relax. We will be going outdoors to explore Camp Bliss and do some fishing for those who want to fish. What to bring: warm clothing, medications, towels, personal water bottle and anything else you will need for the weekend. You must have your fishing license to fish.

The cost for the weekend is \$75. If you bring your own PCA, there is an additional charge of \$35 and the PCA will need to register separately for this retreat. This fee includes: lodging, all meals, beverages, fishing and supplies.

If you are currently a consumer of Independent Lifestyles, transportation to and from Camp Bliss is offered from our Sauk Rapids location for an **additional cost of \$15**.

---

**To Register:** Fill out the registration on the back and return it with your payment to Independent Lifestyles (Attn: Anne R.) 215 N. Benton Dr., Sauk Rapids, MN 56379 or email it to [anner@independentlifestyles.org](mailto:anner@independentlifestyles.org) or call 320-281-2023.

**\*We need to receive your registration two weeks prior to Retreat date\***

Check in - Friday, 4:00 pm & Check out - Sunday, 10:00 am

**(10 People Maximum, includes PCA)**



For more information:  
[www.campbliss.org](http://www.campbliss.org)



The cost to send 1 person to Camp Bliss for a weekend retreat is \$500, which includes lodging and all meals. Because of donations and sales from our 2019 Guns & Goods Raffle, we are able to supplement \$425 per Veteran or Person with Disabilities.

# REGISTRATION

## Wellness & Socialization for Women with Disabilities November 6-8, 2020

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Room Type Preference: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Do you have a Guardian:  Yes  No

If yes, name and contact: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

### Sleeping: (Please check all that apply)

- Protective undergarments used (personal undergarments are to be provided by guest)
- Bed pad required
- Incontinence (bladder voids)
- Is an outlet required near the bed (CPAP or oxygen tank)

### Sleeping arrangement:

- Spouse or partner will be attending, queen bed required
- PCA required to be in same room, separate single beds needed for 2 people
- Do you require an accessible room?

### Mobility supported:

- Manual wheel chair  Walker  Cane  Crutches  Leg supports  Power chair/Scooter

### Allergies:

- Food  Environmental  Medications  Other/Identify:

### Medications:

Do you require assistance of any kind with medication and/or administering of medicine?

- Yes  No

\*We need to receive your registration **two weeks prior** to Retreat date.

**\*If you receive PCA services, you are required to have one with you at all times during your stay at Camp Bliss. (10 People Maximum, includes PCA)**

*Once registration is received you will get a confirmation letter with more details.*

Please mark below how you are paying. All payments must be made out to Camp Bliss. Cash:  Check:   
Credit Card:  Money Order:  Misc.: