

# WELLNESS & SOCIALIZATION FOR WOMEN WITH DISABILITIES



## APRIL 8-10, 2022

Come and learn new ways to socialize, improve your skills, and learn how to take great care of yourself! This retreat welcomes anyone with any type of disability. We will cover COVID topics on wellness and recovery, increase socialization, improving mental health and learn new ways to stay connected during the COVID-19 Recovery!

The total cost for the weekend is \$75, if you bring your own the PCA, there's an additional charge of \$50, and the PCA will need to register separately for this retreat.

This retreat includes: lodging, all meals, beverages, and class materials.

What to bring: weather appropriate clothing, medications, blanket, pillow, towels, personal water bottle and anything else you will need for the weekend.

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 charge of \$15**. Otherwise you are responsible for your own transportation.

**To Register:** Fill out the registration on the back and return it with your payment to Independent Lifestyles (Attn: Mike M.) 215 N. Benton Dr., Sauk Rapids, MN 56379 or email it to [mikem@independentlifestyles.org](mailto:mikem@independentlifestyles.org) or call 320-281-2009.

**\*We need to receive your registration by Friday, March 4, 2022\***

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)



## COME UP NORTH AND FIND YOUR BLISS!

# REGISTRATION

## WELLNESS & SOCIALIZATION FOR WOMEN WITH DISABILITIES April 8-10, 2022

**Name:** \_\_\_\_\_ **(One name per registration form)**

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

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

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

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

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

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

**Are you a Veteran:**  Yes  No

**Do you have a Guardian:**  Yes  No

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

**Emergency Contact & phone:** \_\_\_\_\_

**IL Specialist Name & phone:** \_\_\_\_\_

**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

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**\*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.