

MALE VETERANS R&R GETAWAY



OCTOBER 4-6, 2024

You will be welcomed into the serene and supportive setting at Camp Bliss, come and experience an amazing weekend! This retreat will help develop coping and communication skills, enhance your resiliency skills, and empower you to live productive and fulfilling lives. Veterans will have the opportunity to have fun and experience activities in the company of other Veterans. This retreat is open to any male veteran of any age and service history.

There are 10 available spots for veterans that are first-come-first serve basis, and we will also have a waiting list. ***Please commit fully to attending your retreat, if you do not show up, that is a Veteran's spot that you have eliminated.***

All our Getaways & Retreats are alcohol free.

We will not be charging a registration fee for Veteran Getaways for the next two years, as we have secured funding from the MDVA. You may come up to two retreats per year!

To register, please fill out the registration form and return it to:
Independent Lifestyles (Attn: Lori O.) 215 N. Benton Dr., Sauk Rapids, MN 56379
or email it to Register@campbliss.org or call 320-281-2016.

***In order to be registered, we need to receive your registration form by
Friday, September 6, 2024***



For more information:
www.campbliss.org

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COME UP NORTH AND FIND YOUR BLISS!

REGISTRATION



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We will not be charging a registration fee for Veteran Getaways for the next two years, as we have secured funding from the MDVA. Because there will not be a registration fee, **you will be required to submit your D214 (Member 4) and Driver's License or State ID.** You may come up to two Retreats per year!

CONTACT INFORMATION:

Name: _____ **(One name per registration form)**

Address: _____

City, State, Zip: _____

Phone: _____

Emergency Contact (Name & Phone): _____

Email: _____

Room Type Preference: (not guaranteed) _____

Veteran: ☐ Yes ☐ No

Attach proof of MN Residency: (Driver's License)

Accompanied by a Service Dog: ☐ Yes ☐ No

Veteran ID (First + last initial + last 4 digits of SSN) _____

Please provide a current copy of your DD214

Branch of the military: _____ Race/Ethnicity: _____

Any special food allergies: _____

Any special accommodations needed: _____

If you will be accompanied by a PCA, please contact us for applicable fees.

For questions or more information contact Lori Olmscheid 320-281-2016 or email
Register@campbliss.org

Return Registration by Friday, September 6, 2024 to Independent Lifestyles
215 North Benton Dr. Sauk Rapids, MN 56379

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