

The Seattle - King County Chapter of The Compassionate Friends



invites you to our



Annual Retreat at Seabeck, WA June 4-6, 2010



at the beautiful **Seabeck Conference Center** on Hood Canal.

"A Journey to a New Wholeness"

Retreat Costs:

\$195.00 per person (shared room)

2 nights lodging & 6 meals

(Friday supper through Sunday lunch)

☘ Registration begins at 4pm on Friday afternoon ☘ Friday evening supper is at 6:30 pm ☘



Workshops

Candle Lighting Ceremony

Sharing Groups

Reflection Room

Children's Memorial Garden

Burden Basket



Bring a Photo of Your Child to put on the Picture Board or in our Photo Album



Registration Due By: **May 1, 2010**

Space is limited.



For more information, call the Seattle King County TCF chapter office at **206-241-1139**
or contact

Marge Tomlinson at: tcfmarge@aol.com

There will be a WICS/TCF Children's grief support program for children ages 6-16 and their parents. If you are interested in bringing your children to the retreat, call **206-241-5650** for more information.



Registration Form

Due by: **May 1, 2010**



SPACE IS LIMITED!! SEND IN REGISTRATION FORM & FEE EARLY!

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone: Home (_____) _____

Alternate (_____) _____

Address: _____

Please check all that apply:

Couple rooming together

Individual female

Individual male

I want to room with: _____

Special Diet Needs: _____

Other Special Needs: (physical limitations/considerations: _____)

Desire single occupant room – **add'l cost: \$40** per pers.
(Limited number of single rooms available.)

Request Box Lunch (for those leaving before lunch on Sun.)

WAIVER - The Compassionate Friends and Seabeck Conference Center assume no responsibility for injury to guests, loss or damage of personal property. Participants are responsible for safeguarding their persons and possessions during the retreat.

Signature: _____

First Name(s) of child/grandchild/sibling - as you want it to appear on your name tag: _____

Birth date: _____ Death date: _____ Cause of Death: _____

Only Child? Y _____ N _____ Surviving Children? Y _____ N _____

• May we include your information in the TCF Retreat Roster that is given to all the attendees? Yes: _____ No: _____

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Make checks payable to: **The Compassionate Friends**

Send registration form and payment to:

**TCF Retreat**

**P.O. Box 66896**

**Seattle, WA 98166-0896**

~ Please include a completed registration form with your payment. ~  
(For our Canadian friends: Please make funds payable in US Dollars)



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Limited Scholarships are available.

Thank you to those who contribute to the scholarship fund!

Your contributions make it possible for other bereaved parents to attend the retreat.

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2 Nights (Shared Room) & 6 Meals (Fri. supper thru Sun. lunch) \$195.00 USD per person \_\_\_\_\_  
(Lodging includes all bedding, towels, washcloths & soap)

Single Occupant Room Fee \$ 40.00 USD per person \_\_\_\_\_

Contribution to Scholarship Fund \_\_\_\_\_

**Total Enclosed with Registration** \_\_\_\_\_

### Refund Policy

If request is made: BEFORE registration due date ..... 50% refund  
AFTER registration due date ..... No Refund

Office Use:

Reg#: \_\_\_\_\_ PostMarkDate: \_\_\_\_\_ AmtRecd: \_\_\_\_\_ Check#: \_\_\_\_\_ SchAmt: \_\_\_\_\_ ConfLtr: \_\_\_\_\_ SglRm: \_\_\_\_\_