

The Seattle - King County Chapter of The Compassionate Friends



invites you to our



# Annual Retreat at Seabeck, WA June 3-5, 2011



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

## *"Finding Hope in the Midst of Grief"*



### 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**

Reflection Room

### Candle Lighting Ceremony

Children's Memorial Garden

### **Sharing Groups**

Burden Basket



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



Registration Due By: **May 1, 2011**

**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](mailto: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, 2011**



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

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

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

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

Phone: Home (\_\_\_\_\_) \_\_\_\_\_

Alternate(\_\_\_\_\_) \_\_\_\_\_

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

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: \_\_\_\_\_