

2020 WOMEN'S WELLNESS REGISTRATION FORM

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Daytime phone: (____) _____ Evening or cell phone: (____) _____
 E-mail address: _____

SESSION SELECTION

Please provide four different choices by placing the code corresponding to the course in the appropriate box below. See previous page for course numbers. Each participant must complete a registration form. You may photocopy the form for additional registrations.

If you have a class you absolutely don't want to miss, let us know. If you've requested it during a session that is full, we will make an effort to assign you to that class in an alternate time slot.

IMPORTANT: If you do not list four choices you will automatically be given Free Time if your chosen session is full. If all four are listed, we will ensure you get one of your four choices.

Session	1	2	3	4	5	6
1st choice						
2nd choice						
3rd choice						
4th choice						

OPTIONAL ACTIVITIES

Please check any additional optional activities in which you would like to participate. See page 5 for descriptions, and must be paid for at the time of registration (pg. 10) **Availability is on a first-come, first served basis, and cancellations must be made by February 1. After that date, there will be no refunds.**

— **Bluff Trail Ride Sign-Up** (Friday, February 28 from 1:00 - 4:00 pm) **Cost: \$50**
 Yes, I would like to take a 2 1/2 - 3 hour horseback trail ride.

— **Stepping Stone Sign-Up** (Friday, February 28) **Cost: \$15**
 Yes, I would like to sign-up at: ___ 3:00 - 5:00 pm or ___ 6:00 - 9:00 pm

Feeling adventurous? Sign up for one of our Moonlight Swing or Moonlight Zip sessions. Eight slots are available for each session. Choose your first three choices below, identifying the day and/or time of your choice.

Moonlight Zip and Moonlight Swing Sign-Up (Friday, February 28 and/or Saturday, February 29) **Cost: \$10 per activity**

MOONLIGHT ZIP Friday or Saturday nights at 6:15 pm, 7:45 pm and 9:15 pm

Choice	1st	2nd	3rd
Day			
Time			

MOONLIGHT SWING Saturday night at 6:15 pm, 7:45 pm and 9:15 pm

Choice	1st	2nd	3rd
Day	Saturday	Saturday	Saturday
Time			

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Name (last, first): _____

MASSAGES (Optional)

45-Minute Massage Sign-Up

Friday 4-10 pm; Saturday 8 am -12 pm, 1-5 pm, 6-10 pm; and Sunday 8-10 am

Massages start on the hour. Choose your first five choices below, identifying the day and one-hour block of your choice. Cost is \$45 CASH, payable to the massage therapist. Time slots that are not during class times fill up quickly, so please be sure to include times during which sessions are offered. Don't choose times during classes you absolutely don't want to miss! **Times are assigned on a first-come, first-served basis.**

Choice	1st	2nd	3rd	4th	5th	6th
Day						
Time						

MEAL SHIFT REQUEST

Times listed below indicate time you need to arrive for each meal. Meal Shift requests are not guaranteed. If your requested shift is full, we will assign you to the other shift. If you are coming with friends, we will try to assign everyone to the same mealtime.

Meal Shift 1 (7 am breakfast; 12 pm lunch; 5:15 pm dinner)

Meal Shift 2 (7:45 am breakfast; 12:45 pm lunch; 6 pm dinner)

HOODIE (Optional - payable with registration only) Cannot be purchased at event

Yes, I would like to purchase a Women's Wellness hooded sweatshirt. Please choose size.

\$30 S M L XL **\$34** 2XL 3XL

FEES & ROOMMATES

The registration fee is \$265 per person if you are a Y Member (add \$10 if not a Y member). If you are coming alone and would like a room to yourself, the fee for a Y member is \$500 (add \$10 if not a Y member). You must send in this registration form and payment before we will reserve a room for you. The fees listed above do not include any activities which carry an additional charge.

Singles: You can reserve a single room for one person for \$500, or you can pay the \$265/\$275 registration fee if you agree to have a roommate assigned. If you agree to a roommate, you will not be in a room with more than one other person.

3-4 people: If you are coming with three to four people, you will be assigned to either a guest room with two queen-sized beds or to a loft suite with two queen-sized beds and either a couch or a rollaway bed.

5 or more people: If you are bringing five or more people as a group, we will assign you to a cabin if one is available. However, if all of our cabins are reserved by the time we receive your registration form, we will assign separate rooms in the Lodge. You can request to be split up into Guest Rooms in the Lodge if you prefer. It is helpful, but not required, for roommates to send in all of their registration forms together.

Please list the names of roommates (not including yourself), if any:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | |

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Name (last, first): _____

If you are paying for more than one person, please send in all registration forms together and list their names below.

1. _____ 2. _____

3. _____ 4. _____

PAYMENT METHOD

Registration Fee (\$265 per person or \$500 for a single room) \$ _____

Stepping Stones (optional) (\$15 per person): \$ _____

Friday Bluff Ride (optional) (\$50 per person): \$ _____

Moonlight Swing/Zip (optional) (\$10 per person): \$ _____

Hooded Sweatshirt (optional) (\$30-34 per person): \$ _____

YMCA Member?: Yes (if yes, include copy of membership card)

No (if no, add \$10 temporary membership fee) \$ _____

TOTAL ENCLOSED: \$ _____

Check enclosed (payable to YMCA of the Ozarks)

Charge my credit card    

CC #: _____ Exp. Date: _____

Signature: _____

CANCELLATION POLICY

If you cancel on or before February 1, 2020, a \$50 processing fee will be deducted from each registration fee, and the remainder of the fee will be returned to you. Registrants who do not attend and who do not cancel by February 1, 2020 will be responsible for the full program fee. I agree to accept the conditions set forth in the cancellation policy.

Signature (REQUIRED) _____

_____ Date

For Office Use Only	
Date rec'd:	_____
Check #:	_____
Date Confirmation sent:	_____

WOMEN'S WELLNESS WEEKEND

5K RUN/WALK REGISTRATION FORM



This year's Women's Wellness 5K Run/Walk will benefit the YMCA Annual Campaign targeting Camp Rainbow. Through the Annual Campaign, Camp Rainbow receives financial assistance making it possible for children with cancer and their families to have an educational and fun-filled weekend at YMCA Trout Lodge.

The race will take place during Women's Wellness Weekend on Friday, February 28 at 1 pm

Suggested donation of **\$15.00** per participant

Donors who give **\$100** or more will be entered into a drawing to receive a FREE Women's Wellness weekend registration good for February 2021.

All participants will be entered into a raffle for a chance to win a variety of prizes donated by the Annual Campaign and various vendors.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening/Cell #: _____

Email Address: _____

Total Enclosed: \$ _____

Check enclosed (payable to YMCA of the Ozarks)

Charge my credit card

   

CC #: _____ Exp. Date: _____

Signature: _____