

The Seattle - King County Chapter of The Compassionate Friends



invites you to our



Annual Retreat at Seabeck, WA May 30- June 1, 2014



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

"Compassion, Inspiration, and Hope"



Retreat Costs:

\$210.00 per person (shared room)
2 nights lodging & 6 meals
(Friday supper through Sunday lunch)



✿ Registration begins Friday afternoon at 4:00pm ✿ Friday evening supper is at 6:30pm ✿
✿ Orientation meeting at 6:00pm for first-time attendees ✿



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, 2014**

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 5-17 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, 2014**

(After May 1, we'll accept registrations until spaces are filled.)



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

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone: Home (_____) _____

Alternate(_____) _____

Email: _____

Please check all that apply:

Single Occupant room – add'l cost: **\$40** per person
(Limited number of single rooms available.)

Double Room with: _____

Special Diet: _____

Special Needs (Physical limitations/other considerations): _____

Chair Massage – available Saturday for \$20. Payment & appt made at retreat. **Please indicate your interest.**

Box Lunch – Sunday (for those who need to leave early)

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: _____

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

Topic Specific Sharing Groups: What group/topic is of most interest to you? 1) _____ 2) _____
(Ex.: Men Only; No Living Children; Siblings; *deaths due to* Addiction; Accident; Illness; Suicide; ... your suggestion?)



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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.
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Thank you to those who contribute to the scholarship fund.

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

2 Nights (Shared Room) & 6 Meals: (Fri. supper thru Sun. lunch) \$210.00 USD per person \_\_\_\_\_  
(Lodging includes all bedding, towels, washcloths & soap)

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

Contribution to Scholarship Fund: (used to assist other bereaved parents attend retreat) \_\_\_\_\_

**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: \_\_\_\_\_ Sgl Rm: \_\_\_\_\_