

2025 HAPPINESS RETREAT AT CARAWAY

Enclosed are the 2025 Happiness Retreat Forms. Please read all the information carefully and complete all forms to help with the registration process.

The **chaperone background check form** is required to be turned in **AT REGISTRATION**.

We have three retreats this year. **Be sure to turn in your registrations as soon as possible. Confirmations will be sent after May 19.**

We are looking forward to another outstanding Happiness Retreat.

2025 HAPPINESS RETREATS REGISTRATION PROCEDURES

PLEASE READ ALL INFORMATION CAREFULLY. KEEP THIS SHEET FOR FUTURE REFERENCE.

HR 1 will be held from **July 19-21**

HR 2 will be held from **July 21-23**

HR 3 will be held from **July 24-26**

Please help us by following the registration procedures and guidelines outlined below.

1. REGISTRATION

Make checks payable to Caraway Conference Center (on Memo line of check write Happiness Retreat) and mail to Caraway Conference Center, PO Box 36 Asheboro, NC 27204

- No telephone reservations will be accepted.
- All registration forms are due by June 9th.
- After receiving your Confirmation, all changes must be in writing.

2. CANCELLATIONS

- If any registered campers are unable to attend, you may find an alternate. Please send a registration form for the alternate to the Caraway Office as soon as possible.
- If you cannot find an alternate, notify Dale and John Murchison immediately. In the event of a cancellation, the entire registration fee can be refunded up until June 19. After June 19, all but \$100.00 of the fee can be refunded for each cancellation/person. **No Shows cannot be refunded except in the case of emergencies.** For emergencies all but \$50.00 per cancellation/person will be refunded.
- We may have a waiting list, so please notify us immediately if you have a cancellation.

4. SHIRTS

- T-shirts will be given out on the first day of each retreat. They are printed with the 2025 Theme and Logo.
- The cost of the T-shirts (\$10.00) has been added to the cost of registration. Every camp attendee will receive a T-shirt.

5. BACKGROUND CHECK FORM

- Bring with you to camp the Background check form that you will find in the special envelope in the registration packet.

If you have questions about these procedures or need more information about the 2025 Happiness Retreats, please contact the Happiness directors at the address or phone number below:

Dale and John Murchison

134 S Colony Circle

Wilmington, NC 28409

(757) 404-0628

happiness@caraway.org

2025 HAPPINESS RETREATS HOUSING RESERVATION FORM

Please complete one housing reservation form for your group and send with payment to:

Caraway Conference Center
PO Box 36
Asheboro NC 27204

We wish to attend _____ HR 1 July 19-21 _____ HR 2 July 21-23 _____ HR 3 July 24-26

To be able to accommodate everyone PLEASE choose a second retreat as alternate.

If the retreat you wish to attend is full, would it be possible for your group to attend one of the other retreats? _____ Yes _____ No _____ **If Yes, Please circle other possible retreats:** HR1
HR2 HR3

Church/Group Home: _____

CARAWAY CONFERENCE CENTER ROOMS (These prices include the camp T-shirt at \$10.00)

2 to a room: \$210.00 per person
3 to a room: \$200.00 per person
4 to a room: \$190.00 per person

Total number of persons in your group _____

Number of Conference Center Rooms with 2 in each _____ x \$420 = \$ _____

Number of Conference Center Rooms with 3 in each _____ x \$600 = \$ _____

Number of Conference Center Rooms with 4 in each _____ x \$760 = \$ _____

Total number of Conference Center Rooms _____

Total Amount: \$ _____

Our office will send out confirmations for the Happiness Retreat. Whom in your group should this confirmation be sent?

Name _____ Contact Phone # _____

Address _____

E-mail address: _____

2025 HAPPINESS RETREATS

TENTATIVE SCHEDULE

FIRST DAY OF RETREAT

2:00 pm	Registration
5:30 pm	Supper
7:00 pm	Worship/Talent Show combined (Auditorium)
9:00 pm	Snacks and Fellowship time (cafeteria)

SECOND DAY OF RETREAT

7:30 am	Breakfast
8:30 am	Small Groups in Session
10:15 am	Break
10:30 am	Small Groups in Session
12:00 pm	Lunch (Cafeteria)

Afternoon - free for swimming, Gift Shop, outdoor recreation, learning groups

2:00–3:30 pm	Gift Shop Open
1:30–4:00 pm	Afternoon Camper Activities
3:00–4:00 pm	Pool Open
5:30 pm	Supper
7:00 pm	Worship (Auditorium)
8:30 pm	Dance (Auditorium)

THIRD DAY OF RETREAT

7:30 am	Breakfast
8:30 am	Small Groups in Session
10:00 am	Break
10:30 am	Small Groups in Session
11:30 am	Lunch (Cafeteria)
12:30 pm	Closing (Auditorium), then leave for home

PLEASE RETURN all the forms by mail or email by June 9th to:

Murchison

134 S Colony Cir

Wilmington, NC 28409

happiness@caraway.org

1. All Chaperone/Teacher/Parent Registration Forms
2. All Special Camper Registration Form
 - Registration forms will be processed only if the forms are completed properly and the entire retreat fee accompanies the registration forms. Incomplete forms will be returned to you.
3. Rooming Assignment Form
4. Summary Information Form
 - We request you put the total number of T-shirts, broken down by sizes, on the Summary Information Sheet. This creates less confusion on registration day.
5. Talent Show Form

2025 HAPPINESS RETREAT ROOM ASSIGNMENT REQUEST

_____ HR 1 July 19-21 _____ HR 2 July 21-23 _____ HR 3 July 24-26

Church Home _____ Name _____

_____ Rooms w/ 2 People _____ Rooms w/ 3 People _____ Rooms w/ 4 People
(No more than 4 to a room)

TOTAL ROOMS REQUESTED _____

Room #1 _____

Air Mattress Needed _____ Yes _____ No

Room #2 _____

Air Mattress Needed _____ Yes _____ No

Room #3 _____

Air Mattress Needed _____ Yes _____ No

Room #4 _____

Air Mattress Needed _____ Yes _____ No

Room #5 _____

Air Mattress Needed _____ Yes _____ No

Room #6 _____

Air Mattress Needed ____ Yes ____ No

Room #7 _____

Air Mattress Needed ____ Yes ____ No

Room #8 _____

Air Mattress Needed ____ Yes ____ No

Room #9 _____

Air Mattress Needed ____ Yes ____ No

Room #10 _____

Air Mattress Needed ____ Yes ____ No

Room #11 _____

Air Mattress Needed ____ Yes ____ No

Room #12 _____

Air Mattress Needed ____ Yes ____ No

Room #13 _____

Air Mattress Needed ____ Yes ____ No

Room #14 _____

Air Mattress Needed ____ Yes ____ No

Room #15 _____

Air Mattress Needed ____ Yes ____ No

Room #16 _____

Air Mattress Needed ____ Yes ____ No

Room #17 _____

Air Mattress Needed ____ Yes ____ No

Room #18 _____

Air Mattress Needed ____ Yes ____ No

**Send to Dale and John Murchison, 134 S Colony Cir Wilmington, NC 28409; happiness@caraway.org
PLEASE ATTACH ADDITIONAL SHEET IF NECESSARY!**

2025 HAPPINESS RETREAT
Total Summary Information Sheet

This information sheet helps greatly with the registration process. Fewer mistakes are made by having the Special Needs, t-shirt sizes, etc. on one sheet from the responsible person for the group.

_____ **HR #1 July 19 - 21** _____ **HR #2 July 21 - 23** _____ **HR #3 July 24 - 26**

Church _____ Name _____

T-SHIRTS

Each group leader must use this form to let us know the total number of T-Shirts needed.

_____ S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____ 4XL

_____ Total # of Shirts needed

SPECIAL DIETS

Please list below special diets of anyone coming with your group. You must remember that if you request a special diet for someone you must give the name/badge to a staff member and they will have a special tray for that person. (If you list a Special Diet for someone it is **imperative** that you follow this procedure and pick up their tray. The staff prepares special food when requested and it is not only expensive but also time consuming.) Remember do not list a special diet unless it requires fixing a special plate. An “**SD**” will be on the nametag specifying a special diet has been requested.

WHEELCHAIRS OR MOBILITY NEEDS

If any of your campers use a wheelchair or have special mobility needs and you feel it necessary for him/her to be in a classroom on the floor with the elevator please list their name/s on the line below. (There are some classrooms that are not located on the same floor as the elevator and are only accessible by stairs or going outside of the building).

SPECIAL HOUSING NEEDS

List below any special request for rooms, i.e. rubber sheets for the ones with potential of having accidents, wheelchair accessible rooms (limited number in the center), and air mattress, etc.

NAMES IF THE FOLLOWING APPLIES

Seizures _____

Runners _____

Deaf person needing an interpreter _____

2025 Parents/Teachers/Chaperones Registration Form

_____ HR 1 July 19-21

_____ HR 2 July 21-23

_____ HR 3: July 24-26

FOR OFFICE USE ONLY

HR 1

HR 2

HR 3

Date Received _____

Church/Group _____

Room Number _____

PLEASE COMPLETE ONE OF THESE REGISTRATION FORMS FOR EVERY PARENT, OR CHAPERONE WHO PLANS TO ATTEND. SIGNATURES ARE REQUIRED BY THE PERSON AGREEING TO BE A PART OF THIS YEAR'S HAPPINESS RETREAT.

Name _____ Gender: M ___ F ___

Street _____

City/State _____

Zip _____

Church/Group _____

Phone _____

Home/Mobile

Work

e-mail address _____

T-Shirt Size: S ___ M ___ L ___ XL ___ 2XL ___ 3XL ___ 4XL ___

While at the Happiness Retreat I will be responsible for no more than 3 campers. I will be with them at all times except during the Small Group Session time in the morning hours. During this time, I will let our contact person know where I will be (if not in one of the 3 sessions offered to adults) in case of an emergency. If I leave the grounds during the 3 day period, I will let my contact person know.

I understand that the Parents/Teachers/Chaperones in my group will be responsible for medications for the campers in my group. It is not the responsibility of the Happiness Retreat Staff to administer medications to the campers.

Signature (Required) _____

CHAPERONES

- All male campers must have male chaperones rooming with them, and all female campers must have female chaperones rooming with them. Exceptions to this requirement will be made for parent/family members rooming with their campers and by decision of the Camp Director.
Get permission before coming to camp.
- All chaperones must be adults (eighteen and older).
- A chaperone must be on site for each group during all sessions in case of emergencies. Chaperones must be willing to accompany their campers to afternoon recreational activities and to evening programs.
- Chaperones will be expected to leave rooms as neat as possible since we must turn over the entire conference center to a new group in a matter of a few hours.

Send to:

Dale and John Murchison

134 S Colony Circle

Wilmington, NC 28409

happiness@caraway.org

2025 Special Campers Registration Form

____ HR 1 July 19-21

____ HR 2 July 21-23

____ HR 3: July 24-26

<u>For Office Use Only</u>		
HR 1	HR 2	HR 3
Date Received _____		
Church/Group _____		
Room Number _____		
Classroom Name _____		

PLEASE complete all the required fields - ONE REGISTRATION FORM FOR EACH CAMPER!

Name: _____

Preferred Name: _____ Age: _____ Gender: M___ F___

Address: _____

Contact Phone: _____ Church/Group: _____

T-SHIRT SIZE: S___ M___ L___ XL___ 2XL___ 3XL___ 4XL___

Special Diet (Only if a special plate is needed)

Type of Diet _____

Examples of diets may include diabetic, pureed, gluten free, etc.

SPECIAL INFORMATION (Please mark or fill in the list below if applicable for this special camper)

Wheelchair _____ Runner _____ Seizures _____ Allergies _____ Deaf _____

Level of Assistance Needed During Small Groups:

____ Independent ____ Minimal Supervision ____ Physical Assistance

Please list ANY special instructions to help us better care for your camper (including allergies, forms of communication, triggers/strategies helpful in their environment, etc.):

Does Happiness Retreat/Caraway have permission to use my photograph for social media and promotional purposes? YES ____ NO ____

Medications: Be sure the chaperone(s) responsible has a list of medications with a time schedule. HR Staff will not be responsible for medications - Chaperones will be responsible.

NAME OF PARENT/GUARDIAN (If own guardian write Self"):

Address: _____

Street

City/State

Zip

Phone _____

Home/Mobile

Work/Other

PARENT OR GUARDIAN AUTHORIZATION FOR MEDICAL TREATMENT

If the special camper is not their own guardian, please have a parent/guardian sign the statements below. If the special camper is their own guardian, please have the camper sign the statements below. I give my permission for _____ to receive medical attention from the nearest medical facility if the need should arise.

Signed: _____

Send to:

Dale and John Murchison

134 S Colony Circle

Wilmington, NC 28409

happiness@caraway.org

TALENT SHOW FORM

Please fill out and mail back if you have someone that wants to participate. We encourage everyone to sign up prior to arrival. Sign-ups will not be taken after 4pm. We will not be taking last minute signups to allow our worship team time to prepare for the service.

A talent show will be held the first evening of each Retreat in the Conference Center Auditorium. A piano and online music/audio will be available. If your campers or chaperones have a talent they wish to share, please list their names and talents below. Groups may share their talents by singing a song or acting out a skit together. To give everyone a chance to participate please limit group acts **up to 5 minutes** and all other acts **3 minutes or less**.

Which Happiness Retreat: ___Retreat 1 ___Retreat 2 ___Retreat 3

Church/Group: _____

Name: _____

Talent: _____

Send to:

Dale and John Murchison

134 S Colony Circle

Wilmington, NC 28409

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