

## 2026 HAPPINESS RETREAT

Enclosed are the 2026 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.**

Again, this year we are having three retreats. **Be sure to get your registrations in as soon as possible. Confirmations will be sent after May 19.**

We are looking forward to another outstanding Happiness Retreat.

# 2026 HAPPINESS RETREATS REGISTRATION PROCEDURES

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

HR 1 will be held from **July 18-20**

HR 2 will be held from **July 20-22**

HR 3 will be held from **July 23-25**

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

1. **Send Housing Registration form along with check to Caraway Conference Center. Make checks payable to Caraway Conference Center (on the Memo part of the check please write Happiness Retreat) and mail to Caraway Conference Center, PO Box 36 Asheboro, NC 27204**
  - No telephone reservations will be accepted.
  - Please help us prepare for camp by registering by **JUNE 8th**.
  
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 Camp 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 \$85.00 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. **T-SHIRTS**
  - T-shirts will be handed out at registration on the first day of each retreat. They are printed with the 2026 Theme and Logo.
  
  - Every camp attendee will receive a T-shirt.
  
5. **BACKGROUND CHECK FORM**
  - Bring with you to camp the Chaperones Background check forms that will be sent after registration and confirmation.

If you have questions about these procedures or need more information about the 2026 Happiness Retreats, please contact the Happiness directors at the address or phone number below:

**Dale and John Murchison**  
**134 S Colony Cir**  
**Wilmington, NC 28409**  
**(757) 404-0628**  
**happiness@caraway.org**

# HOUSING RESERVATION FORM

2026 HAPPINESS RETREATS  
Caraway Conference Center  
Sophia, NC

Please complete ONE housing reservation form for your group.

Send to Caraway with payment.

MAKE CHECKS PAYABLE TO Caraway Conference Center

## FOR OFFICE USE ONLY

HR 1

HR 2

HR 3

Date Received \_\_\_\_\_

Church/Group \_\_\_\_\_

Room Number \_\_\_\_\_

We wish to attend \_\_\_\_\_ HR 1 July 18-20 \_\_\_\_\_ HR 2 July 20-22 \_\_\_\_\_ HR 3 July 23-25

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 \$420.00= \$ \_\_\_\_\_

Number of Conference Center Rooms with 3 in each \_\_\_\_\_ x \$600.00= \$ \_\_\_\_\_

Number of Conference Center Rooms with 4 in each \_\_\_\_\_ x \$750.00= \$ \_\_\_\_\_

Total number of Conference Center Rooms \_\_\_\_\_

Total Amount: \_\_\_\_\_

The Special Ministries Office will send out confirmations for the Happiness Retreat. To which person in your group should this confirmation be sent?

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Mobile

Address \_\_\_\_\_  
Street city state zip

E-mail address \_\_\_\_\_

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

# 2026 HAPPINESS RETREATS

## TENTATIVE SCHEDULE

### FIRST DAY OF EACH RETREAT

3:00 p.m.	Registration Begins for all retreats. ( <b>PLEASE NOTE TIME CHANGE</b> )
5:30 p.m.	Supper
7:00 p.m.	Worship/Talent Show combined (Auditorium)
9:00 p.m. (after service)	Snacks and Fellowship Time (cafeteria)

### SECOND DAY OF EACH RETREAT

7:30 a.m.	Breakfast
8:30 a.m.	Small Groups in Session
10:15 a.m.	Break
10:30 a.m.	Small Groups in Session
12:00 a.m.	Lunch
<b>Afternoon</b>	free for swimming, Gift Shop, outdoor recreation, learning groups.
2:00 - 3:30 p.m.	Gift Shop Open
1:30 - 4:00 p.m.	Afternoon Camper Activities
3:00 - 4:00 p.m.	Pool open
5:30 p.m.	Supper
7:00 p.m.	Worship (Auditorium)
8:30 p.m.	Dance (Auditorium)

### THIRD DAY OF EACH RETREAT

7:30 a.m.	Breakfast
8:30 a.m.	Small Groups in Session
10:15 a.m.	Break
10:30 a.m.	Small Groups in Session
11:30 a.m.	Lunch (Cafeteria)
12:30 p.m.	closing (Auditorium), then leave for home

**PLEASE RETURN all forms below by mail or email  
before June 8<sup>th</sup>.**

**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

- Again, this year we are requesting 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

2026 HAPPINESS RETREAT ROOM ASSIGNMENT REQUEST

\_\_\_\_ HR 1 July 18-20    \_\_\_\_ HR 2 July 20-22    \_\_\_\_ HR 3 July 23-25

CHURCH \_\_\_\_\_ NAME \_\_\_\_\_

\_\_\_\_ Rooms w/   2   People

\_\_\_\_ Rooms w/   3   People

\_\_\_\_ Rooms w/   4   People

(Please, no more than 4 to a room)

TOTAL ROOMS REQUESTED \_\_\_\_\_

(Room Numbers Assigned (State Office Only)) \_\_\_\_\_

Room 1 \_\_\_\_\_

Air Mattress  Rubber Sheets

Room 2 \_\_\_\_\_

Air Mattress  Rubber Sheets

Room 3 \_\_\_\_\_

Air Mattress  Rubber Sheets

Room 4 \_\_\_\_\_

Air Mattress  Rubber Sheets

Room 5 \_\_\_\_\_

Air Mattress  Rubber Sheets

Room 6 \_\_\_\_\_

Air Mattress  Rubber Sheets

Room 7 \_\_\_\_\_

Air Mattress  Rubber Sheets

Room 8 \_\_\_\_\_

Air Mattress  Rubber Sheets

Room 9 \_\_\_\_\_

\_\_\_\_\_  
Air Mattress  Rubber Sheets

Room 10 \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Air Mattress  Rubber Sheets

Room 11 \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Air Mattress  Rubber Sheets

Room 12 \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Air Mattress  Rubber Sheets

Room 13 \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Air Mattress  Rubber Sheets

Room 14 \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Air Mattress  Rubber Sheets

Room 15 \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Air Mattress  Rubber Sheets

Room 16 \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Air Mattress  Rubber Sheets

Room 17 \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Air Mattress  Rubber Sheets

Room 18 \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Air Mattress  Rubber Sheets

**Send to the Dale and John Murchison. PLEASE ATTACH ADDITIONAL SHEET IF NECESSARY!**

- This Information Sheet helps greatly with the registration process. Fewer mistakes are made by having the Special Needs, T-shirts etc. on one sheet from the person responsible for coordinating the groups:-

\_\_\_\_\_ **HR 1 July 18-20**

\_\_\_\_\_ **HR 2 July 20-22**

\_\_\_\_\_ **HR 3 July 23-25**

**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

**SPECIAL DIETS**

Please list below the 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 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 stair 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 \_\_\_\_\_

# 2026 Parents/Teachers/Chaperones REGISTRATION FORM

\_\_\_\_ HR 1 July 18-20

\_\_\_\_ HR 2 July 20-22

\_\_\_\_ HR 3: July 23-25

## 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

\_\_\_\_\_ 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 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.

Signed (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 parents/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 Cir Wilmington, NC 28409; [happiness@caraway.org](mailto:happiness@caraway.org)

# 2026 Special Campers REGISTRATION FORM

\_\_\_\_ HR 1 July 18-20

\_\_\_\_ HR 2 July 20-22

\_\_\_\_ HR 3: July 23-25

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

For Office Use Only

HR 1    HR 2    HR 3

Date Received \_\_\_\_\_

Church/Group \_\_\_\_\_

Room Number \_\_\_\_\_

Classroom Name \_\_\_\_\_

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 \_\_\_\_\_  
Example 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 \_\_\_\_ Non-Verbal \_\_\_\_ Deaf \_\_\_\_ Visually Impaired \_\_\_\_ Allergies \_\_\_\_

**Level of Assistance Needed For Participation During Small Groups (Staff will always be present in classrooms):**

\_\_\_\_ Independent    \_\_\_\_ Minimal Supervision    \_\_\_\_ Physical Assistance

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

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

**Medications:** HR Staff will not be responsible for medications; Chaperones will be responsible.

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

Address \_\_\_\_\_

Street

city or town

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 Cir Wilmington, NC 28409; [happiness@caraway.org](mailto: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 Cir Wilmington, NC 28409; [happiness@caraway.org](mailto:happiness@caraway.org)**