

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.
- 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 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

(757) 404-0628

134 S Colony Cir

happiness@caraway.org

Wilmington, NC 28409

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: \$220.00 per person

3 to a room: \$210.00 per person

4 to a room: \$200.00 per person

Total number of persons in your group _____

Number of Conference Center Rooms with 2 in each _____ x \$440.00 = \$ _____

Number of Conference Center Rooms with 3 in each _____ x \$630.00 = \$ _____

Number of Conference Center Rooms with 4 in each _____ x \$800.00 = \$ _____

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. (**PLEASE NOTE TIME CHANGE**)
- 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
- Afternoon** 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 8th.

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

Send to Dale and John Murchison, 134 S Colony Cir Wilmington, NC 28409; happiness@caraway.org

PLEASE ATTACH ADDITIONAL SHEET IF NECESSARY!

2026 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-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

2026 Special Campers REGISTRATION FORM

____ HR 1 July 18-20

____ HR 2 July 20-22

____ HR 3: July 23-25

<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 SPECIAL 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 _____

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

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: _____

Name: _____

Talent: _____

Name: _____

Talent: _____

Name: _____

Talent: _____

Name: _____

Talent: _____

Name: _____

Talent: _____

Send to Dale and John Murchison, 134 S Colony Cir Wilmington, NC 28409; happiness@caraway.org