

## **2024 HAPPINESS RETREAT**

Enclosed are the 2024 Happiness Retreat Forms. With the number of people attending Happiness Retreat, it is necessary to complete all forms in order for the registration to be carried out as quickly and with as little confusion as possible. It is very important to read all the information carefully.

- 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 18.**

We are looking forward to another outstanding Happiness Retreat.

# 2024 HAPPINESS RETREATS REGISTRATION PROCEDURES

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

**This registration forms are for HR1 and HR3 only**

HR 1 will be held from **July 20-22**,

HR 3 will be held from **July 25-27**

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

1. **Send Housing Registration form along with check. 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.**
  - **WE WOULD LIKE TO RECEIVE ALL REGISTRATION FORMS BY JUNE 8th.**
  - **After you receive 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 Camp Caraway Office as soon as possible.
  
  - If you cannot find an alternate, notify the Judy Autry immediately. In the event of a cancellation, the entire registration fee can be refunded up until June 21. After June 21, 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 2024 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.

## PLEASE BRING BACKGROUND CHECK FORM TO YOUR RETREAT

If you have questions about these procedures or need more information about the 2024 Happiness Retreats, please contact the Special Ministries Office at the address or phone number below:

- **Judy Autry, Special Ministries, 1919 Plantation DR, Sanford, NC 27330. For questions email [judyautry55@gmail.com](mailto:judyautry55@gmail.com)**



## 2024 HAPPINESS RETREATS

### TENTATIVE SCHEDULE

#### FIRST DAY OF EACH RETREAT

- 2:00 p.m. Registration Begins for all retreats.
- 5:30 p.m. Supper
- 7:00 p.m. Worship/Talent Show is now combined (Auditorium)
- 9:00 p.m. (or near 9:00) 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. Theme Party (Auditorium)

#### THIRD DAY OF EACH RETREAT

- 7:30 a.m. Breakfast
- 8:30 a.m. Small Groups in Session
- 10:00 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 the forms below**

**TO: Judy Autry**

**1919 Plantation Dr,**

**Sanford, NC 27330**

**BY May 25th**

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 (gray sheet). This creates less confusion on registration day.
5. Show Form

2024 HAPPINESS RETREAT  
ROOM ASSIGNMENT REQUEST

\_\_\_\_ HR July 20-22,

\_\_\_\_ HR 3: July 25-27

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 \_\_\_\_\_

AirMattress

Rubber sheets  \_\_\_\_\_

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

Cot

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

Cot

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

Cot

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

Cot

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

Cot

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

Cot

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

Cot

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

Cot

• Judy Autry, Special Ministries, 1919 Plantation DR, Sanford, NC 27330. For questions email judyautry55@gmail.com

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

Cot

\_\_\_\_\_

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

Cot

\_\_\_\_\_

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

Cot

\_\_\_\_\_

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

Cot

\_\_\_\_\_

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

Cot

\_\_\_\_\_

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

Cot

\_\_\_\_\_

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

Cot

\_\_\_\_\_

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

Cot

\_\_\_\_\_

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

Cot

\_\_\_\_\_

Room 19 \_\_\_\_\_

Cot

\_\_\_\_\_

Room 20 \_\_\_\_\_

Cot

\_\_\_\_\_

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**PLEASE ATTACH ADDITIONAL SHEET IF NECESSARY!**

**2024 HAPPINESS RETREAT  
2024 SUMMARY INFORMATION SHEET**

**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:

\_\_\_\_\_ **HR1 July 20-22,**      \_\_\_\_\_ **HR 3: July 25-27**

**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 that name to the person at the head of the cafeteria serving line 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.

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**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 you would have to push the wheelchair/s out the back and around to the lower level on a gravel path, which can be done if necessary.)

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**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 **cots** (air mattress), etc.

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**NAMES IF THE FOLLOWING APPLIES**

Seizures \_\_\_\_\_

Runners \_\_\_\_\_

Deaf Person Needing an Interpreter \_\_\_\_\_



# 2024 REGISTRATION FORM

## For Parents/Teachers/Chaperones

\_\_\_\_ HR July 20-22,

\_\_\_\_ HR 3: July 25-27,

### FOR OFFICE USE ONLY

HR 1

HR 3

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

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

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

Caraway Conference Center  
Sophia, NC

**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 Department 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 rooming with their sons or daughters 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.

• Judy Autry, Special Ministries, 1919 Plantation DR, Sanford, NC 27330. For questions email judyastry55@gmail.com

**2024 REGISTRATION FORM**  
**For Special Campers**

\_\_\_\_ HR July 20-22,  
\_\_\_\_ HR 3: July 25-27,

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

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

Name \_\_\_\_\_ Age \_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_

Address \_\_\_\_\_

(circle name used)

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Church/Group \_\_\_\_\_

Cot \_\_\_\_ Rubber Sheet \_\_\_\_

Level of Handicap \_\_\_\_\_ mild \_\_\_\_\_ moderate \_\_\_\_\_ severe/profound

**Will this person's caregiver be with him/her at all times: Yes \_\_\_\_ No \_\_\_\_**

**Please provide any additional information needed by our camp staff** \_\_\_\_\_

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

Wheelchair \_\_\_\_\_ Runner \_\_\_\_\_ Seizures \_\_\_\_\_ Allergies \_\_\_\_\_ Deaf \_\_\_\_\_

**use my photograph YES \_\_\_\_ NO \_\_\_\_**

**Special Diet** (Only if a special plate is needed) Type of Diet \_\_\_\_\_

**Read** - Yes \_\_\_\_ No \_\_\_\_ Grade level \_\_\_\_\_

**Write** - Yes \_\_\_\_ No \_\_\_\_ Grade level \_\_\_\_\_

**T-SHIRT SIZE** S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_ 2XL \_\_\_\_ 3XL \_\_\_\_ 4XL \_\_\_\_

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

**NAME OF PARENT/GUARDIAN**

(If own guardian write "Self" / Please Print \_\_\_\_\_

Address \_\_\_\_\_

Street

city or town

zip

Phone (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Home/mobile

work/other

**PARENT OR GUARDIAN AUTHORIZATION FOR MEDICAL TREATMENT**

If the special camper is not his or her own guardian, please have a parent or guardian sign the statements below. If the special camper is his or her 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:** \_\_\_\_\_

Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

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# SHOW FORM

**You must fill this out if you have someone that wants to participate.**

**Mail in or sign up when you arrive - Please see sound people in Auditorium after check-in.**

**Signups will not be taken after 4:30pm.**

**We will not be taking last minute sign ups.**

A talent show will be held the first evening of each Retreat session in the Conference Center

Auditorium. A piano will be available. We also can play CDs if you have one. If your campers or chaperones have a talent they wish to share, please list their names and talents below. If you wish, your whole group may share its talents by singing a song or acting out a skit together. In order to give each person a chance to participate, please limit each act to **3 minutes or less**. (Group acts can be up to 5 minutes.)

**Which Happiness Retreat:** \_\_\_Retreat 1    \_\_\_Retreat 2    \_\_\_Retreat 3    \_\_\_Retreat 4

**Church/Group:** \_\_\_\_\_

Name: \_\_\_\_\_

Talent: \_\_\_\_\_

Name: \_\_\_\_\_

Talent: \_\_\_\_\_

Name: \_\_\_\_\_

Talent: \_\_\_\_\_

Name: \_\_\_\_\_

Talent: \_\_\_\_\_

Name: \_\_\_\_\_

Talent: \_\_\_\_\_

Name: \_\_\_\_\_

Talent: \_\_\_\_\_