

SISTERHOOD WELLNESS CENTER, INC.

P.O. Box 433, Derby, NY 14047-0433
Phone: (716) 549-1312
e-mail siswellctr@yahoo.com
website – www.sisterhoodwellnesscenter.org

APPLICATION

1. Name _____ 2. Birthdate ____/____/____
3. Street &/or Mailing Address _____
4. City/State/Zip Code _____
5. Telephone: Daytime _____ Evenings _____ Fax _____
6. E-Mail Address _____
7. In case of emergency contact _____ Relationship _____
Address _____ Phone: Day _____ Night _____
8. Date Diagnosed _____ Any recurrence? _____
9. Date of last treatments: Chemotherapy _____ Radiation _____

Please note: All participants are responsible for any medical expenses and should be covered by their own sickness and/or accident insurance.

10. Insurance Company Name _____ Policy Number _____
Address _____ City/State/Zip _____
Does your insurance company require pre-authorization: Yes _____ No _____ Phone# _____

Signature _____ Date _____

PERSONAL INFORMATION

Please help us to get to know you!!

Marital Status? _____ Any children? If so, gender and age? _____

Your occupation? _____

Hobbies or activities? If so please list _____

FOOD ALLERGIES OR SPECIAL NEEDS _____

UPDATE : Please complete the following if you have attended a previous retreat.

Have you had any major changes (ex. Health, marital status, career, new family member, etc.) in your life that you would like us to know about?

FEES ARE SET TO A SLIDING SCALE ACCORDING TO TAXABLE HOUSEHOLD INCOME AND VARY FROM \$30.00 TO \$250.00 FOR ROOM, MEALS AND ACTIVITIES FOR THE ENTIRE WEEKEND.

\$0 to \$17,000	\$ 50.00
\$17,001 - \$22,000	70.00
\$22,001 - \$27,000	90.00
\$27,001 - \$32,000	110.00
\$32,001 - \$37,000	130.00
\$37,001 - \$42,000	150.00
\$42,001 - \$47,000	170.00
\$47,001 - \$52,000	190.00
\$52,001 - \$57,000	220.00
\$57,001 – UP	250.00

ENCLOSED IS MY CHECK IN THE AMOUNT OF \$ _____

All fees are negotiable. If for any reason you cannot meet these fees, please let us know. We're here to help you, not restrict you! Helping you heal is our main focus, and it is not our policy to refuse anyone due to lack of fees.

Fee should be sent to Sisterhood Wellness Center, Inc. along with the application. Applications must be received two weeks prior to the retreat.

REFUND POLICY

We have limited space and multiple applicants. If we are notified in writing 20 days prior to the retreat date, there is a 85% refund. The rest will be retained for application costs to us. If we are notified in writing 10 days prior to the retreat date, there is a 50% refund. For a cancellation 5 days prior, the refund is 25%. There is no refund if a cancellation occurs less than 5 days prior to the retreat date.

FULL REFUNDS FOR MEDICAL EMERGENCIES ONLY

The Sisterhood Wellness Center prohibits discrimination for any reason such as race, color, religion, sex, age, marital status, political affiliations or physical handicap with respect to application.