

# SISTERHOOD WELLNESS CENTER, INC.

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

**APPLICATION MUST BE POSTMARKED BY FEBRUARY 13, 2012**

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?

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**FEES ARE SET TO A SLIDING SCALE ACCORDING TO TAXABLE HOUSEHOLD INCOME AND VARY FROM \$50.00 TO \$350.00 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 – \$99,999   | 250.00        |
| <b>\$100,000 – UP</b> | <b>350.00</b> |

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 three 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.