

# 2010 Adult Cancer Retreats

Spring-Ovarian (ovarian cancer): May 13-17, 2010  
Fall-Ovarian (ovarian cancer): Sept. 9-13, 2010  
Fall-Women's (any type of cancer): Sept. 23-26, 2010



Gold Creek, Montana

~ For women who are currently undergoing or have completed treatment for cancer ~

- |                            |                           |                    |                       |
|----------------------------|---------------------------|--------------------|-----------------------|
| * Workshops                | * Resource Information    | * Fabulous Food    | * Great Entertainment |
| * Guest Speakers           | * Recreational Activities | * Beautiful Cabins | * Making New Friends  |
| * Networking Opportunities | * Art Studio Sessions     | * Fireside Chats   | * Group Discussions   |

## No Registration Fee

Participants may attend any one of these retreats a year at no cost, however, donations are greatly appreciated.

Retreats are underwritten by the Ovarian Cancer Survivors Foundation and Camp Mak-A-Dream.

**Donations gladly accepted ~ suggested amounts ~ Ovarian Retreats \$175 / Women's Retreat \$150**

Includes accommodations, meals, entertainment and on-site retreat activities. Transportation not included.

**Attendees will be accepted on a first come, first serve basis up to a max. of 45 participants per retreat.**

### To attend:

- 1) Complete the registration form and send it to Camp Mak-A-Dream. If you are able to make a monetary donation, you may send us a check call us with a credit card number, or donate while at the retreat itself.
- 2) Mark the box next to date of your preferred session. Participants may register for just ONE retreat per year to make room for as many women as we can throughout the year.
- 3) Mail, fax or email your completed registration form to Camp Mak-A-Dream as soon as possible. Applications will be processed on a first-come, first-serve basis & a waiting list will be started if need be.
- 4) Wait to receive a Confirmation Packet by mail with additional IMPORTANT information before making any travel arrangements or reservations.
- 5) Once confirmed, book a flight (specific flights and airlines will be listed in the Confirmation Packet).
- 6) Send a copy of your Travel Itinerary and completed Medical-Release form to Camp Mak-A-Dream.

Please do not book flights before receiving a confirmation packet from us, telling you you've been accepted.

### Travel information...

Once confirmed, you may book a flight arriving in Missoula, MT mid-afternoon on the first day of the retreat and departing from Missoula on the final day of the retreat. We ask that you fly into Missoula (in west central MT) on any of these airlines that service this area: Delta/Northwest, United, Horizon/Alaska or Allegiant Airlines.

Camp Mak-A-Dream staff will pick you up at the security check-point at the Missoula airport upon arrival, assist you with your luggage and transport you the 65 miles east to Gold Creek Lodge on both travel days.

**Cancellations:** Due to the unpredictable nature of participants' medical conditions, we simply ask that if you register to attend any of these retreats, but your plans change for whatever reason, that you contact us as soon as possible so we can give your spot to another participant with as much advance notice as possible.

***You may also want to consider taking out travel insurance in case you have to unexpectedly cancel.***

### The fine print...

- Camp Mak-A-Dream attempts to accommodate, as much as possible, special needs and requests.
- Smoking will not be permitted during this retreat in the buildings or on the grounds of Camp Mak-A-Dream & for the comfort and safety of everyone at camp, alcohol should NOT be brought to camp
- Medical care is available during this retreat; further information will be in your confirmation materials.

**Questions?** Jennifer Benton \* Camp Mak-A-Dream \* (406) 549-5987 \* E-mail: [jennifer@campdream.org](mailto:jennifer@campdream.org)

# 2010 Registration Form ~ Adult Cancer Retreats ~ Camp Mak-A-Dream

Complete this form & return as soon as possible to: Camp Mak-A-Dream / Adult Cancer Retreats  
P.O. Box 1450 \* Missoula, MT 59806 \* Fax (406)549-5933 \* E-mail: [Jennifer@campdream.org](mailto:Jennifer@campdream.org)

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_\_) \_\_\_\_\_  
E-mail address (please print clearly): \_\_\_\_\_

Have you attended one of these retreats in the past?  Yes  No If so, # of times: \_\_\_\_\_  
How did you hear about this retreat? \_\_\_\_\_

I would like to attend:  
(Please select only ONE retreat)  **Spring - Ovarian:** (ovarian cancer) May 13-17, 2010  
 **Fall - Ovarian:** (ovarian cancer) Sept. 9-13, 2010  
 **Fall - Women's:** (any type of cancer) Sept. 23-26, 2010

*Although these retreats are offered free of cost to participants, donations are greatly appreciated.*

I'd like to make a donation of \$\_\_\_\_\_ to Camp Mak-A-Dream  Check (enclosed)  
 Charge my gift to my credit card:  Visa  M/C  AmEx  Discover  
Account # \_\_\_\_\_ Exp. \_\_\_/\_\_\_ Signature \_\_\_\_\_  
 I'd like to make a donation of \$\_\_\_\_\_ to the Ovarian Cancer Survivors Foundation  Check (enclosed)  
 I have not enclosed a donation, but plan to make one at the retreat  I am not able to make a donation  
 Please send me a Travel Reimbursement Application (Limited number considered for Ovarian retreats only)  
For information on travel scholarships for Women's Cancer retreat applicants, visit: [www.campdream.org](http://www.campdream.org)

### *We'd like to know what you think...*

What types of educational or cancer-related topics are of interest to you? \_\_\_\_\_

What kinds of recreational activities are of interest to you? \_\_\_\_\_

### *Tell us about yourself...*

Date of Diagnosis: \_\_\_\_\_ Type of Diagnosis: \_\_\_\_\_ Stage: \_\_\_\_\_  
Are you **currently** in treatment?  Yes  No Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Type(s) of current treatment: \_\_\_\_\_  
List any physical limitations including fatigue, flexibility, etc.: \_\_\_\_\_

Do you use crutches?  Yes  No A wheelchair?  Yes  No Can you walk a half-mile?  Yes  No

### *Dietary restrictions...*

Do you require a vegetarian menu during this retreat?  Yes  No  
Do you eat: (check all that apply)  chicken  fish  red meat  pork  eggs  dairy products  
List any food allergies or other dietary restrictions: \_\_\_\_\_

### *For accommodation purposes...*

Housing is dormitory style with two to six people per room, sharing two showers & bathrooms. Everyone will sleep on a bottom twin sized bunk bed and all beds are close to bathroom facilities. Linens & towels provided.

Do you?  Stay up late  Go to bed early Snore?  Yes  No  I don't know  
When making cabin assignments, we will **attempt** to honor special cabin-mate requests, however, we cannot make any guarantees. Cabin assignments are done taking medical needs and special conditions into consideration first. **If possible**, I'd like to be in a cabin with: \_\_\_\_\_