

Women's Wellness Weekend

June 5 - 7, 2020

YMCA Camp Hi-Rock
Mount Washington, MA



WHEN: Friday, June 5 - Sunday, June 7, 2020
6 meals included - Friday dinner through Sunday lunch
Women of all ages welcome!
Busy Weekend? One night & day pass only reservations are available as well!

WHAT: You are invited to join us for a weekend of rest & relaxation at Camp Hi-Rock. Enjoy:

- Massage therapy* & meditation
- Fitness, dance & yoga classes
- Scenic hikes & beautiful morning runs
- Low ropes, high ropes & climbing wall
- Chocolate & tea tastings
- Swimming, boating & other lakeside activities
- Tasty & healthy food
- And more!

*Extra fee for private massages

HOW: Please return this registration form to Camp Hi-Rock by May 15, 2020 or register online at camphirock.org/group-camping-retreats/
A \$50 deposit reserves your space. Please include either a personal check or credit card information.

QUESTIONS? Call Heather Neaz-Nibur, Camp Director at 413-528-1227 ext 3005, or e-mail her at heather@camphirock.org

Send Registration Form to: YMCA Camp Hi-Rock
ATTN: Women's Wellness
544 East Street
Mt. Washington MA, 01258

YMCA Camp Hi-Rock 544 East Street Mount Washington, MA 01258

P 413.528.1227 F 413.528.4234 W camphirock.org

A branch of Central Connecticut Coast YMCA



Register me for Women's Wellness Weekend!

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Email Address _____

Rates

Adults: Full weekend (2 nights): \$130, 1 night only: \$85, Day only: \$40

or

Register for the full weekend with a friend and pay \$210 for both of you!

only available if at least one of the participants has never been to Women's Wellness Weekend before

Girls aged 7-14: Full weekend (2 nights): \$70, Saturday night only: \$50, Day only: \$25

Name	Age	Number of nights	Cost
Total			

Deposit \$50 - Due now

Balance due by June 5, 2020

Payment Method: Check Credit Card: Choose type below

Amex Visa Mastercard

Credit Card Authorization

Name on Card _____

Card Number _____ Expiration date _____

Signature _____ Date _____

If you would like to room with another person, please write their name below. Private rooms will be available if you do not have a roommate request.

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