

Women's Wellness Weekend

May 31 - June 2, 2024

YMCA Camp Hi-Rock

Mount Washington, MA



Women's Wellness Weekend: May 31 - June 2, 2024

- 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!

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
- Swimming, boating & other lakeside activities
- Tasty & healthy food
- And more!

*Extra fee for private massages

Questions: Contact Alison Irwin, Senior Camp Director
413-528-1227 ext 3005 or alison@camphirock.org

How to Register: Return this registration form to Camp Hi-Rock or register online at
camphirock.org/camps/family-camp/

- A \$50 deposit reserves your space. Please include payment with registration.

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

Email Registration Form to:
tanya@camphirock.org
Fax Registration Form to:
413-528-4234

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



Rates:

Lodging Type	Adults		Girls 7-14	
	Full Weekend	Saturday Night	Full Weekend	Saturday Night
Basic Cabin with shared bathroom facilities	\$125	\$82	\$72	\$51
Lodge room with en suite bathroom	\$177	\$119	\$106	\$76
Lodge room with shared bathroom	\$172	\$112	\$97	\$70
Saturday only	Day Rate:		\$56 Day Rate:	
				\$28

Name of person registering: _____

E-mail Address: _____ **Home Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (____)____-____ **Cell Phone:** (____)____-____

Optional Roommate Request (if there are no requests, each registration group will be assigned to their own room): _____

Name of Attendee(s) including name of person registering	Date of Birth	Dietary needs/restrictions/ allergies	Number of Nights	Cost
TOTAL				\$
Deposit due upon registration				-\$50
Balance due by May 31, 2024				\$

Payment option (please choose one below)

- Check for deposit included, balance to be sent by check
- Check for deposit included, balance to payment method below on due date
- Check for deposit included, balance on due date
- Charge deposit and balance to payment method below on due date
- Charge deposit to payment method below, send invoice for balance on due date
- Pay full balance now by check or payment method below

<p>Credit Card Details:</p> <p><input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> AMEX</p> <p>Name on Card _____</p> <p>Card Number: _____</p> <p>Exp Date: _____</p>	<p>EFT Bank Draft Details:</p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Name on Account _____</p> <p>Bank Routing Number _____</p> <p>Bank Account Number _____</p>
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Please register my group for Women's Wellness Weekend 2024 according to the above registration form at YMCA Camp Hi-Rock.

Signature _____ Date _____