



# Tranquility Retreat for Women

Impacted by a loved one's substance use issues

**Saturday, April 13, 2024**

9:00 am to 7:00 pm

**The Hearth at Heyer's Mill**  
Nazareth, Pennsylvania

Presented by Speak Up for Ben, Inc.  
in partnership with the  
OASIS Community Center

🌸 **for women in the greater Lehigh Valley service area** 🌸

**A full day restorative retreat in a beautiful private location!**

## Includes

- Breakfast, lunch, and dinner
- The Wisdom Coalition program
- Guest speaker: Katrina Favata (Crossroads)  
~ hear her inspirational recovery story ~
- Afternoon activities
- Time to enjoy the natural surroundings
- Closing reflections

## Registration Deadlines & Costs

- Early registration \$100.00 by March 15<sup>th</sup>
- Thereafter, registration is \$125.00 by March 25<sup>th</sup>
- Submit retreat registration with full payment

For additional details and to download the registration form,  
visit [www.oasisbethlehem.org/retreats](http://www.oasisbethlehem.org/retreats)

Please direct all correspondence to:  
[oasiscretreat@gmail.com](mailto:oasiscretreat@gmail.com)



# OASIS Tranquility Retreat 🌸 April 13, 2024

for women impacted by a loved one's substance use

🌸 open to women in our Lehigh Valley service area 🌸

## 🌀 REGISTRATION FORM 🌀

Early registration closes March 15, 2024

Final deadline for all registrations – March 25, 2024

Email completed form to [oasisccretreat@gmail.com](mailto:oasisccretreat@gmail.com)

Name: \_\_\_\_\_ County: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Please indicate registration and payment method:

#### Registration

- Early Registration: \$100.00 (available only until 03/15/2024)
- Regular Registration: \$125.00

#### Payment

- PayPal (*account not required; transaction fee included*)
- Check (*payable to Speak Up for Ben, Inc.*)  
Checks should be delivered to OASIS Community Center  
3410 Bath Pike, Bethlehem, PA 18017



Open link to our PayPal account  
by scanning image with your  
smart phone camera

**Registration form and full payment is due by March 25, 2024.**

Some of our women may be experiencing financial challenges. Would you like to help? ♥

- Yes, I will include a contribution of \$ \_\_\_\_\_ towards a retreat scholarship fund

*Please don't let the cost of this retreat prevent you from attending! If you need financial assistance, please contact us... we want to help! Send email to [rhonda@oasisbethlehem.org](mailto:rhonda@oasisbethlehem.org).*

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**Please describe the impact of your loved one's substance use on yourself and family:**

**How did you hear about this retreat? What aspects of this retreat appealed to you?**

**Which OASIS programs have you participated in? Which have been most beneficial for your healing?**

Please indicate if you are a vegetarian or have food allergies:

Your Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Medical Information – in case of emergency, what medical personnel would need to know:

Do you have any physical conditions (including allergies) we should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Retreat participants must agree to ALL of the following:

Release of Liability for Medical Treatment

In the event that I may need first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury, I do hereby give permission for SPEAK UP for Ben, Inc. | OASIS Community Center staff to seek and secure any needed medical attention for me. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission to release the medical information disclosed above to emergency and/or other medical personnel to administer any needed medical treatment and, again, I agree to pay for the treatment.

Waiver & Release of General Liability

I understand that the facilitators of this retreat will not be providing clinical services. I understand that the programs and activities at this retreat are not offered as a substitute for clinical mental health care and are not intended to diagnose, treat, or cure any mental health condition. I understand and agree that I am fully responsible for my own well-being during this retreat, and subsequently my own choices and decisions.

By signing this waiver and release from liability, I waive and release SPEAK UP for BEN, Inc. | OASIS Community Center employees, directors, and volunteers from any and all claims, demands, causes of action, damages, or suits in any way related to or growing out of my attendance at this retreat. This is not intended to release SPEAK UP for BEN, Inc. | OASIS Community Center from any liability resulting from intentional conduct.

Media Release

I consent to allow photographs to be taken during this event. I understand that SPEAK UP for BEN, Inc. | OASIS Community Center will own rights to and may use this media, in whole or part, in materials such as printed publications, websites, videos, social media, grant proposals, and promotional materials to support our mission and programs. Your name will not be included.

COVID-19 Precautions:

I understand that it is my responsibility to comply with recommended safety protocols to prevent or reduce the spread of COVID-19 while attending this retreat. In the event that I have a known exposure to COVID-19 within 10 days of the event, I will notify OASIS to discuss additional precautions, as needed.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Cancellation Policy: Full refund if cancelled (in writing) by March 29, 2024.  
If you test COVID-positive, your registration will be cancelled, and a full refund issued.*

Thank you for registering! We will be in touch with additional details.

