

# Revive2Thrive Retreat Application



## Revive by the Sea

September 25–27, 2026 (Friday–Sunday morning)

Cape May, NJ

Thank you for your interest in attending the Revive2Thrive retreat weekend in Cape May, New Jersey.

Our hope for this retreat is to create a peaceful, supportive space where women can rest, reconnect with themselves, and experience meaningful connection with others who understand the breast cancer journey.

This retreat is open to women who have received a breast cancer diagnosis, including those in active treatment, remission/NED, or living with metastatic breast cancer.

This intimate retreat will host 10 women and will include wellness activities, meaningful conversations, gentle movement, shared experiences, and time to relax and recharge in a beautiful shore setting.

Applications will be reviewed to help create a balanced and supportive retreat experience for all attendees.

The retreat weekend is expected to begin at approximately 3:00 PM on Friday, September 25, 2026 and conclude around 11:00 AM on Sunday, September 27, 2026. Additional details and finalized timing information will be provided closer to the retreat date.

## Personal Information

Full Name: \_\_\_\_\_

Preferred Name/Nickname (if any): \_\_\_\_\_

Date of Birth: Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_ Relationship to Contact: \_\_\_\_\_

## Breast Cancer Transformation

Which best describes your current experience?

- In Active Treatment       In Remission / NED  
 Newly Diagnosed       Living with metastatic breast cancer



Please briefly share your breast cancer journey:

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## Retreat Questions

1. Why are you interested in attending the Revive2Thrive retreat?

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2. What are you hoping to receive from this weekend experience?

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3. What does support and connection mean to you right now?

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4. What is one thing that currently brings you peace, strength, or comfort?

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5. What helps you feel safe and supported in group environments?

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6. In a small group environment, what qualities do you value most in others?

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## Wellness & Participation

Do you have any dietary restrictions, allergies, mobility concerns, or wellness considerations we should be aware of?

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Are there any important medical conditions or emergency information Revive2Thrive should be aware of in case of an emergency?

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Do you carry an EpiPen, inhaler, or other emergency medication?

- Yes       No

Are you comfortable navigating stairs if needed?

- Yes       No

Are you able to independently manage your medications and personal care needs during the retreat?

- Yes       No

Have you attended a Revive2Thrive event before?

- Yes     No

If yes, which event(s)?

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**Media Release**

- I give permission for Revive2Thrive to use photos/videos taken during the retreat for promotional or social media purposes.
- I prefer not to appear in promotional or social media materials.

**Important Retreat Information**

Please initial each statement below:

- \_\_\_\_\_ I understand retreat accommodations include shared bedrooms and communal spaces designed to foster connection and community.
- \_\_\_\_\_ I understand transportation to and from the retreat is my responsibility.
- \_\_\_\_\_ I understand this is a smokeless retreat house and smoking or vaping will not be permitted inside the home.
- \_\_\_\_\_ I understand I am expected to attend the full retreat from Friday, September 25 through Sunday, September 27, 2026.
- \_\_\_\_\_ I understand the retreat timing is approximate and additional details will be provided closer to the retreat date.
- \_\_\_\_\_ I understand a signed physician clearance form is required prior to attendance.
- \_\_\_\_\_ I understand this retreat involves emotional conversations, group participation, and shared experiences, and I feel comfortable participating in a supportive group setting.
- \_\_\_\_\_ I understand this retreat is designed for emotional support, wellness, and community connection and is not medical treatment or therapy.
- \_\_\_\_\_ I understand participation is voluntary and I am responsible for notifying Revive2Thrive of any changes in my health status prior to the retreat.
- \_\_\_\_\_ I understand attendees are expected to treat one another with kindness, respect, and confidentiality to help maintain a safe and supportive environment.
- \_\_\_\_\_ I understand my attendance directly impacts retreat planning and shared accommodations and will notify Revive2Thrive as soon as possible if I am unable to attend.
- \_\_\_\_\_ I understand submission of this application does not guarantee attendance.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Physician Clearance Form

Revive2Thrive – Revive by the Sea Retreat

September 25–27, 2026



Participant Name: \_\_\_\_\_

This retreat may include:

- Gentle yoga/stretching
- Walking
- Group wellness activities
- Overnight accommodations
- Light physical activity

Physician Statement:

I confirm that the above-named patient:

- Has been treated for or is currently being treated for breast cancer
- Is medically stable
- Is cleared to participate in a weekend retreat involving gentle physical activity and overnight accommodations

Participation is voluntary and attendees are responsible for notifying Revive2Thrive of any changes in health status prior to the retreat.

Physician Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_