



Labor-Management Healthcare Fund

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LMHF 2024 Wellness & Fitness Retiree Retreat Entry Form

<u>Retreat Description</u>	<u>Retreat Start Date</u>	<u>Retreat End Date</u>	<u>Entry Form Submission Deadline</u>	<u>√ If interested</u>
<p><u>Garden to Table</u> Learn a variety of skills to help you use what you have grown to positively benefit a healthy lifestyle. Workshops will include: cooking with veggies & herbs, canning, & the benefits of how healthy eating can improve your life. This retreat is open to both active & retired LMHF members & spouses (also insured through LMHF)</p>	Monday April 1	One Day Only No overnight	Monday February 26	<input type="checkbox"/>
<p><u>Retiree (Only) Retreat</u> Focus on healthy aging through proper nutrition and activity. Provides tools to increase strength, mobility, and fitness. Includes fall prevention practices, an introduction to sleep health, and managing your anxiety & depression.</p>	Monday June 3	Tuesday June 4	Monday April 29	<input type="checkbox"/>

If interested in attending any of the above retreats, please complete this entry form (front & back) and return it to LMHF. This form may be scanned, emailed, faxed, mailed to LMHF office via U.S. mail or placed in the locked mailbox located outside of the LMHF office building. Raffles will be held on the submission deadline date indicated on this form. If selected, winners will be notified by the LMHF office and provided with additional details regarding the retreat and the documents required to attend. If documents are not received by the due date, the entry will be disqualified. All retreats will be held at Beaver Hollow Conference Center/Biggest Loser Resort, 1083 Pit Road in Java, New York. Your health and safety are our number one priority. If required, NYS Guidelines concerning Covid will be followed.

For email submissions, please send to Tammy.Pudlewski@lmhf.net

Member Name	
Former Employer	
Highmark I.D. Number <i>OR</i>	
Independent Health I.D. Number	
Home Street Address	
City/Town	
Zip Code	
Phone Number Include Area Code	
Email Address	

Complete the following if spouse is entering raffle for an authorized retreat

Spouse Name	
Highmark I.D. Number <i>OR</i>	
Independent Health I.D. Number	