



Labor-Management Healthcare Fund

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LMHF 2022 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>
<u>Anxiety Awareness & Management</u> Learn healthy ways to prevent and relieve anxiety. Learn stress management techniques and forms of relaxation.	Thursday March 24	Friday March 25	Wednesday February 2	
<u>Retiree Retreat</u> This 2-day retreat is focused on healthy aging through proper nutrition and activity providing tools to increase strength, mobility and fitness. Includes fall prevention practices, an introduction to essential oils, reflexology, medication compliance and a prescription Q & A with a pharmacist.	Thursday October 6	Friday October 7	Friday August 5	
<u>Cancer Survival & Awareness</u> This retreat will help cancer survivors to look forward. It will provide tools for managing stress & relaxation.	Thursday September 29	Friday September 30	Thursday July 28	

If you are interested in attending any of the retreats, please submit the enclosed entry form. Raffles will be held on the entry form deadline indicated on this form. If you are selected, you will be notified by the LMHF office and at that time, provided with the forms required to attend and the deadline date for submitting the completed documents. Your entry form may be scanned, emailed, faxed, mailed to LMHF office via U.S. mail or placed in the locked mailbox located outside (and in front) of the LMHF office building. All retreats will be held at Beaver Hollow Conference Center/Biggest Loser Resort, 1083 Pit Road in Java, New York. Applicants will be notified by phone of their attendance status. Your health and safety are our number one priority. NYS Guidelines concerning Covid will be followed. **All members attending must show proof of vaccination upon arrival. Members without proof of vaccination will not be admitted into the event.**

Member Name: _____ Phone: _____
(Include Area Code)

Former Employer: _____

BCBS/Highmark or Independent Health ID Number: _____

Address: _____
(Street) (City/Town) (Zip)

Email Address: _____

Please note: The Anxiety Awareness & Cancer Survival Retreats are open to both active employees and retirees.

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