

Irmo Chapin Recreation Commission
SCRPA Senior Beach Retreat Registration Form
Springmaid Beach Resort (Myrtle Beach, South Carolina)
October 24-27, 2011
Registration Form Deadline: August 12, 2011

Name: _____ Phone: _____

Address: _____

Agency/Group Name: Irmo Chapin Recreation Commission

Group Leaders: Kim Bowers/Cherlyn Garrett-Kee/Dena Long

Emergency Contact: _____ Phone: _____

T-Shirt Sizes: S M L XL (Circle one)
XXL Add \$3.00 XXXL Add \$5.00
(Add this to your registration fee)

REGISTRATION FEE: Double Occupancy - \$320.00 per person
Single Occupancy - \$420.00
Triple Occupancy - \$300.00 per person
Quad Occupancy - \$290.00 per person

Registration fee includes: transportation, Historian Dr. Joseph Stukes, Masquerade Ball, entertainment outing to Legends in Concert, 3 night's accommodations at Springmaid Beach Resort, 3 breakfasts, 3 lunches, 3 dinners and activities galore!!!

ROOMMATE(S): _____

SPECIAL ASSISTANCE NEEDED: _____

**The theme for the SCRPA Senior Adult Beach Retreat will be
“Masquerade Ball”. We will have a dance on Tuesday night,
please dress the part!!! All will need at least a mask!!**



CANCELLATION POLICY: A \$5 cancellation fee will apply to all cancellations. Any cancellations made 15-30 days prior to arrival will only be refunded 50%. Cancellations made 14 days of arrival will not be refunded.

2011 SCRPA Senior Beach Retreat Schedule

Please be careful choosing your activities, some activities overlap each other and it may not be possible to do all the activities due to the time frame.

DON'T CHOOSE 2 ACTIVITIES WITH THE SAME TIME!!!

****Please check only the boxes for the activities in which you will be participating! Please note that some activities are ticketed (meaning we are paying per person for the class so you won't be able to participate unless you checked that activity or someone else does not show up)****

Monday, October 24, 2011

- △ 4:00 pm Check In at Springmaid Resort
- △ 5:00 – 7:00 pm – Dinner
- △ 7:00 – 9:00 pm - Immerse yourself with a South Carolina History presentation by S.C. Historian Dr. Joseph Stukes (refreshments to be served)

Tuesday, October 25, 2011

- △ 7:00 – 9:00 am - Breakfast
- △ 7:30 am - Beach Walk
- △ 7:30 – 10:00 am - Fishing on the Pier (you may bring your own fishing poles and gear) – this is a ticketed activity
- △ 8:30 – 9:30 am - Water Aerobics
- △ 8:30 – 9:30 am - Craft class with Beaded Venus (making beaded goblets) – this is a ticketed activity
- △ 10:00 – 11:00 am - Dance Lessons with Fred Astaire Dance Instructors
- △ 11:30 am – 1:00 pm - Lunch
- △ 1:00 – 2:30 pm - Craft class (taught by Michael's Craft Store) – this is a ticketed activity
- △ 3:00 – 4:00 pm - Exercise Class with Clarissa Douglas
- △ 5:00 – 7:00 pm - Dinner
- △ 7:00 – 10:00 pm - Masquerade Ball - Do not forget to wear your masks!

PARTICIPANT NAME _____

Wednesday, October 26, 2011

- △ 7:00 – 9:00 am - Breakfast
- △ 7:30 am - Beach Walk
- △ 8:30 – 9:30 am - Water Aerobics
- △ 8:30 – 9:30 am - Scrapbooking Class with Kim Parker – this is a ticketed activity
- △ 8:30 am - Par 3 Golf - **This will be an extra cost of \$15.00 to be paid day-of for 9 hole Par 3 Golf** – **may bring your own clubs & golf balls or they will be available at Par 3 for free**
- △ 9:30 am – 12:00 noon - Shopping (Coastal Grand Mall) – Transportation provided by Group Leaders
- △ 10:00 – 10:45 am - Yoga – Seated & Standing
- △ 10:00 – 11:30 am - Nature Talk on the Beach
- △ 11:30 am – 1:00 pm - Lunch
- △ 1:00 – 2:00 pm - Charcoal Drawing with Rob Randle – this is a ticketed activity
- △ 1:00 – 3:30 pm - Shopping (Tanger Outlets on 501) – Transportation provided by Group Leaders
- △ 3:00 – 4:00 pm - Line dancing lessons
- △ 5:00 – 6:30 pm - Dinner
- △ 6:45 pm - We will leave for the Legends in Concert Show (transportation provided by ICRC)

Thursday, October 27, 2011

- △ 7:00 – 9:00 am - Breakfast
- △ 7:30 am - Beach Walk
- △ 8:00 – 9:30 am - Raffle Ticket Sales
- △ 9:00 – 9:30 am - Check-out time – Get with your Group Leader for details
- △ 9:30 – 11:00 am - BINGO
- △ 11:00 – 11:30 am - Raffle Drawings
- △ 11:30 am – 1:00 pm - Lunch

PARTICIPANT NAME _____

VISIT TO THE BURROUGHS-CHAPIN MUSEUM OF ART

We will be doing a 45 minute docent tour of this museum 3 different times during the Retreat. Please pick a time that works for you, but please keep in mind that we will need a minimum of 10 people and a maximum of 20 people for each tour.

The flowing exhibits will be on display during the time of our Retreat:

The Brian Rutenberg Exhibit (Brian was born in South Carolina in 1965 and received his BFA from the College of Charleston and his MFA from the School of Visual Arts in New York City. He is a Fulbright Scholar, a New York Foundation for the Arts Fellow, a Marie Walsh Sharpe Grant recipient, a Basil Alkazzi Award recipient, an Irish Museum of Modern Art Work Programme recipient and has been honored with numerous other awards.

Story, Song, and Image Exhibit (this is a collaborative project of paintings and music)

Times available are: (please check the box with the time you wish to visit the museum)

- ⊞ Tuesday, October 25 @ 2:00 pm
- ⊞ Wednesday, October 26 @ 11:00am
- ⊞ Wednesday, October 26 @ 3:00 pm

Springmaid Resort is offering a “*special rate*” of \$3.00 for the SCRPA Senior Beach participants to play Miniature Golf (putt-putt), which is located on the property of the hotel. If you are interested in playing just go at your leisure to the front desk and show them your SCRPA name tag and you can pay at that time and enjoy some miniature golf.



PARTICIPANT NAME _____

Activities Page #3

TRAVEL MEDICAL FORM

NAME _____ DATE _____

ADDRESS _____ PHONE () _____

CITY _____ ZIP _____ BIRTHDATE _____

1. Name of Hospital Insurance Company _____

Insurance Policy# _____

2. Kind of Insurance: In Hospital _____ Out Hospital _____

General Medical _____ Medicare _____

3. In case of illness or accident, whom shall we contact?

Name _____ Address _____

City _____ Phone _____

4. In the event it is necessary for you to return home because you have an accident or become ill, who will be responsible for the expense involved?

Name _____ Phone _____

5. Doctor's Name _____ Phone _____

6. Please list any medical problems: _____

7. Can you climb stairs? _____ Can you walk long distance? _____

8. Are you on any medication at this time? _____ If yes, what and how often:

The above information, to the best of my knowledge, is accurate and complete.

Signature _____

Date _____

***PLEASE RETURN THIS COMPLETED FORM TO YOUR
GROUP LEADER.***