

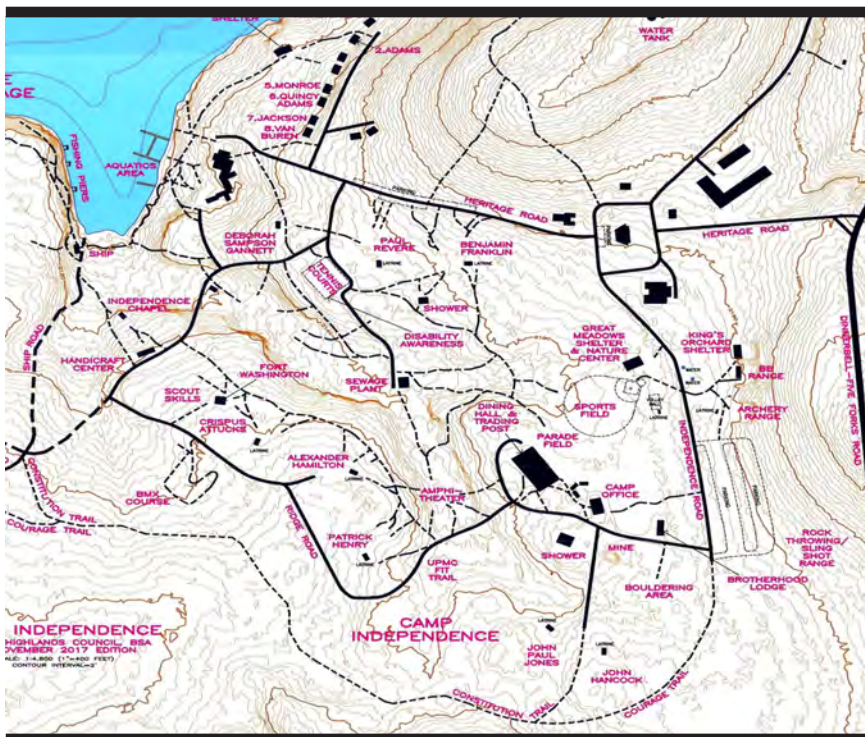
General Information

- Registration and Check-in begins at 12:00 PM Friday, May 23 (No Exceptions.)
- Check-out is at 1:00 PM Sunday, May 25.
- Swimming, biking, fireworks, and pets including emotional support animals are **NOT** permitted on campgrounds

NOTES

- Bedding and towels are not provided.
- Communal meal Saturday 5 pm. Covered dishes welcome.
- No one is permitted on camp property before Friday at 12 pm.
- Jeopardizing the atmosphere of recovery will not be tolerated.
- Please NO GARBAGE IN FIRE RINGS.

CONTACTS Alicia M., T&R Chair 412-478-0477
Danny L., T&R Vice Chair 412-952-1103
Ryan M., SR Chair 412-980-0953



<https://tristate-na.org/>

41st ANNUAL



May 23, 24, 25, 2025

Camp Heritage

300 Heritage Rd
Farmington, PA 15437

Registration Form

PACKAGES

- Package A: Cabin Weekend \$50
- Package B: Cabin Daily \$30
- Package C: Tenting Weekend \$30
- Package D: Tenting Daily \$20
- Package E: Pathfinder Lodge \$40
- Package F: Metal Shed (minimum 4 occupants) \$40
- Package G: Daily Registration \$10

LODGING OPTIONS

Cabin Information

- Split level cabins 2-9
- Sleeps 20 people
- 1 full kitchen
- 1 and 1/2 baths
- Dining area
- Living room

Full Cabin Rental

- \$1,000 - 20 people

Pathfinder Lodge (Additional Needs Rooms)

- Limited availability
- Handicapped accessible
- Includes 2 bunkbeds, desk, and closet
- Common bathrooms and showers

Metal Shed

- 6 Sheds available for rental
- Sleeps 6 (minimum of 4 to occupy)
- No amenities

	QTY.	AMOUNT	TOTAL
PACKAGE A: CABIN WEEKEND		\$50.00 EACH	
PACKAGE B: CABIN DAILY		\$30.00 EACH	
PACKAGE C: TENTING WEEKEND		\$30.00 EACH	
PACKAGE D: TENTING DAILY		\$20.00 EACH	
PACKAGE E: PATHFINDER LODGE <small>Handicapped Accessible - First Come First Serve</small>		\$40.00 EACH	
PACKAGE F: METAL SHED <small>Minimum of 4 occupants</small>		\$40.00 EACH	
PACKAGE G: DAILY REGISTRATION		\$10.00 EACH	
NEWCOMER DONATIONS ARE WELCOME			

DO NOT SEND CASH!
 Make Check or Money Orders payable to: TOTAL
 TRI-STATE REGIONAL SPIRITUAL RETREAT

Mail Registration by May 2, 2025 to:
 Tri-State Regional Spiritual Retreat, P.O. Box 337, Homestead, PA 15120

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Clean Time: _____ Are you willing to Chair a meeting? **Y N**

Do you have additional needs? We want to help! Other: Please describe. _____

___ Mobility Impaired (wheelchair, crutches, etc.) _____

___ Deaf / Hearing Impaired _____

___ Blind / Visually Impaired _____