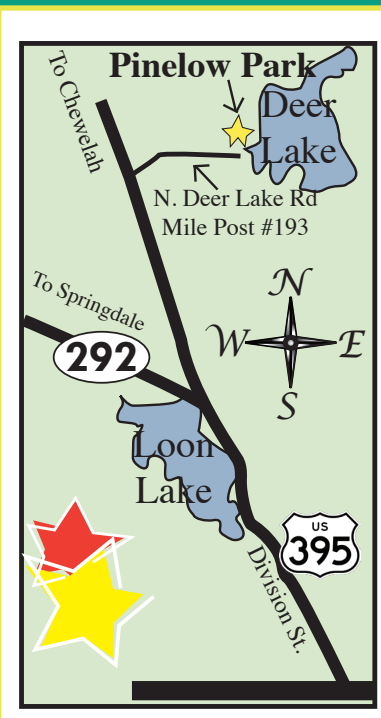




HUGO'S
YLiN FAMILY RETREAT

- ★ All families **MUST** be at the camp by 7:00 PM, Friday night. **NO LATE ARRIVALS!**
- ★ All participants of the family are required to fill out individual information sheets
- ★ Trained medical staff are on site at all times
- ★ Dinner on Friday - Breakfast, Lunch & Dinner on Saturday - Breakfast & Lunch on Sunday, as well as appropriate snacks throughout the weekend
- ★ Activities are age appropriate with three groupings

Join Us
Friday, April 23, 2010
 through
Sunday, April 25, 2010
\$100 for
Your Entire Family!
 (must be at least 5 years or older)



Camp Pinelaw is located just north of **Spokane** on the shores of **Deer Lake**.

For more information contact: **Tami Gregory** at the **Shawn Higgins Memorial Fund** (509) 990-0580 or **tgregory@hugosonthehill.com**

Directions to Pinelaw Park
 From highway #2: At Rear-dan turn north (left) on HWY #231 for 30.8 miles to Springdale. At Springdale, just before the railroad crossing, turn east (right) on HWY #292. Travel 5.8 miles to HWY 395 in Loon Lake. Turn north (left) on HWY #395 toward Colville past Loon Lake 3.1 miles. 7/10's of a mile north of mile post marker 193-turn east (right) on Deer Lake North Road for 1.7 miles to Pinelaw Park.
 From Spokane: Follow HWY #395, north toward Colville past Loon Lake 3.1 miles. 7/10's of a mile north of mile post marker 193-turn east (right) on Deer Lake North Road for 1.7 miles to Pinelaw Park.
 From Colville: Follow HWY #395, south toward Spokane. 14 miles south of Chewelah, turn east (left) on Deer Lake North Road for 1.7 miles to Pinelaw Park.

cut along dotted line



FAMILY NAME

ADDRESS

CITY STATE ZIP

HOME # WORK #

EMAIL

NUMBER ATTENDING: _____

NAMES OF ATTENDEES: _____ AGE: _____

T-SHIRT SIZE: YS YM YL S M L XL 2XL
 QTY: _____

REGISTRATION IS DUE BY APRIL 1st, 2010
OPEN TO THE FIRST 30 FAMILIES!
REGISTRATION FEE: \$100.00 (For the entire family)

METHOD OF PAYMENT (check one)

Check Please make checks payable to:
The Shawn Higgins Memorial Fund

Credit Card

VISA MC AMEX

Credit Card # *As it appears on card.* Exp. Date

Card Holder's Signature

Please detach and mail registration to:
Tami Gregory c/o Shawn Higgins Memorial Fund
 P.O. Box 30092
 Spokane, WA 99223