11th Annual Stress & Healing Arts Retreat Application

"Healing Ourselves Today for the Generations of Tomorrow"



- Cost: FREE
- **2** Days: **Wednesday, March 18th (8:00-4:30 pm) & Thursday, March 19th 2026 (8:00 am - 3:30pm)**
- Cherokee Choices, Ginger Lynn Welch Complex, 806 Acquoni Cherokee, NC
- You must be 18 years of age or older
- Learn about stress and healthy ways to manage it.
- Learn about grief and trauma; and how to process it within your life.
- Experience massage, healing touch, sound therapy, yoga, crafts and MORE!
  ONLY A LIMITED NUMBER OF PARTICIPANTS ARE ACCEPTED!

Mail, Email, or Deliver the Completed Application by February 27, 2026 @ 4 pm

To: Cherokee Choices – Stress and Healing Arts Retreat
PO BOX 666, 806 Acquoni Road Suite 200
Cherokee, NC 28719 Fax: 828-359-0059

For more information contact Cherokee Choices:

Yolanda Saunooke, 828-359-6784 yolasaun@ebci-nsn.gov
or
Tori Bryson, 828-359-6778 victtram@ebci-nsn.gov

Please check all days you can attend. (First preference will be given to those that can attend both days)

___ Wednesday, March 18, 2026 (8:00-4:30 pm) ___ Thursday, March 19, 2026 (8:00-3:30pm)

PLEASE PRINT ALL INFORMATION

Full Name (print) :_____

Have you attended the Cherokee Choices Stress & Healing Arts Retreat in the past? Yes No

Phone Number:_____ **Email:** _____

Emergency Contact Name & #: _____

Enrolled Member of the EBCI? Yes or No Community? _____

Tribal Employee? Yes or No If yes, what department _____

How did you find out about us/referral? _____

Meal Preference (ie. Vegetarian /Food Allergies): _____

List any assistance that may be needed during the retreat or immediate health concerns (i.e.wheel chair, asthma, heart conditions)_____

Do you prefer to have a Massage, Healing Touch, or Sound Therapy session _____**?**

Please Circle one for Fitness level: Beginner, Moderate, Advanced.

Participants will be selected based on need and utilization of information presented. Please answer the following questions honestly. ***All information will be kept confidential and will only be seen by the Cherokee Choices Stress & Healing Arts Committee.***

1. **Tell us about the current level of stress, grief and/or trauma in your life**.
   High (high stress/trauma/grief and/ or experienced daily)
   Moderate (experience stress/trauma/grief and/ or experienced weekly)
   Low (stress/trauma/grief and/ or experienced monthly)

Tell us about your experiences: _____

_____

2. Reflecting on your life, tell us how much stress, grief, and trauma affect you today.

1	2	3	4	5	6	7	8	9	10
Low				Medium					High

3. **How do you plan on using the information presented in the Stress & Healing Arts Retreat?**

_____

_____

If I am accepted to attend the workshop. I understand that I am responsible for the following:

1. **Attending committed days of the retreat.**
2. **Understanding that the information shared by other participants during this workshop is confidential.**
3. **Not using phones, IPODS, etc. during program hours.**
4. **Using appropriate language (no curse words).**

Applicant Signature_____ **Date**_____

Supervisors Signature ***(for Tribal Employees)***_____ **Date**_____

****If selected wear comfortable clothing/shoes for light activity & a comfy blanket or sweater***

Participants will be selected & contacted by March 2nd. *Sgi! Cherokee Choices*