

# SILVER BAY

Conference and Family Retreat Center on Lake George



## CANCER RESPITE PROGRAM

**Silver Bay YMCA offers a program of respite for individuals, and their families, who have recently been diagnosed with and are currently undergoing treatment for cancer.**

Silver Bay YMCA's 700 acre campus, located along one mile of Lake George shoreline in Silver Bay, NY, offers programs for all ages and is consistently ranked one of the top ten family reunion sites in the country. Founded in 1902, Silver Bay YMCA is also on the National Register of Historic Places and boasts several beautiful historic buildings including the Inn, built in 1899. Its new William Boyd Center features 22 modern, air-conditioned rooms, ample conference space, a spacious dining room, and more amenities, all with gorgeous views of Lake George and the surrounding mountains.

FOR MORE INFORMATION SEE THE ACCOMPANYING PROGRAM OUTLINE, OR CONTACT:  
Development Office at [Development@silverbay.org](mailto:Development@silverbay.org) or 518-543-8511.

THIS PROGRAM IS FUNDED BY THE GENEROUS DONORS TO THE FUND FOR SILVER BAY

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## Enjoy all Silver Bay YMCA has to offer!

Spend quality time with your family, experience the natural beauty and calming effect of Silver Bay, and go home feeling refreshed, renewed and inspired! (Programming subject to change based on availability)

- Archery
- Beaches/Swimming
- Canoes/Kayaks
- Campfires
- Craft Shop
- Hiking Trails
- Ice Cream Store
- Spiritual Life
- Tennis
- Sailing
- Boat Tours
- Nature Center
- Children's Programs
- Watercolor Classes

*Programming subject to change based on availability*

## Cancer Respite Program

As part of Silver Bay YMCA's mission to have a positive impact on our community, Silver Bay is pleased to offer the Silver Bay YMCA Cancer Respite Program, which supports patients who are actively being treated for cancer. By providing temporary respite to patients and their immediate families at no cost, this program gives these individuals the opportunity to reconnect with their loved ones and enjoy a reprieve from the stresses and financial challenges associated with a battle against cancer.



## Participation in the Cancer Respite Program

In order to qualify for participation in the Silver Bay YMCA Cancer Respite Program, individuals must be referred by a clergy or health care professional who provides medical, emotional and/or spiritual care to the individual undergoing treatment. A referral must be completed by said professional and submitted to the Silver Bay YMCA Development Office before individuals can be eligible for participation (see attached form). Participants and their immediate families are limited to a one-time usage of this program (see terms and conditions listed below).

## Accommodation Availability

Qualifying participants and their immediate families will be offered a gift credit for a one-time stay at Silver Bay YMCA as lodging accommodations allow. Because this program is fully funded by Silver Bay YMCA and its donors, accommodations are based on availability, at its sole discretion, and on a first-come, first-served basis. Stays are available year round, though blackout dates do apply. Once approved, participants may make a reservation for their stay up to 6 months in advance. If accommodations are

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not available for dates requested by the participant, other available dates will be offered as applicable. Given the high demand of this program, respite opportunities are limited and thus not all requests will be able to be met. Eligible participants requiring handicap-accessible lodgings may include a request when making their reservation.

## Cost and Programming



Upon approval of the referral, participants will be provided with a gift credit valued at up to \$2,000.00 to cover accommodation costs, all meals served in the Dining room in accordance with current reservation and food service policies, and access to all Silver Bay YMCA activities and programs. It is within the discretion of the participant to determine what accommodations they would like to pursue. If money allows, this credit may cover the 5% gratuity that is applied to the reservation. If the value of the stay exceeds \$2,000.00, the participant will be responsible for the remaining balance. Participants will be required to pay for participation in any program that has additional fees and for purchases at the gift shop and other retail venues.

## Terms and Conditions

- Respite stays are non-transferable. There is no cash value and unused portions of the credit revert back to Silver Bay YMCA.
- Silver Bay YMCA defines immediate family as dependent family members living in a household who are claimed on a person's IRS form. Single persons may bring one guest or immediate family member.
- Recipients must adhere to all Silver Bay YMCA policies and guidelines throughout their stay, a copy of which is available upon check-in. Failure to do so may result in termination of their stay.
- Participants must arrange their own transportation to and from Silver Bay YMCA. Silver Bay YMCA will not assist in any financial transportation costs.
- Redeeming a stay at Silver Bay YMCA through the Cancer Respite program is a one-time opportunity.
- By submitting an application to participate in the Cancer Respite program, you are consenting that Silver Bay YMCA Conference and Family Retreat Center may use your feedback, photographs, and/or videos for marketing purposes including, but not limited to, social media and print publications into perpetuity.
- Other restrictions may apply. Terms and conditions may change with or without notice.

## Looking to learn more? Questions?

Development Office at [Development@silverbay.org](mailto:Development@silverbay.org) or 518-543-8511  
for additional information or to make a reservation.

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## Cancer Respite Program Application

### Family Contact Information

Please provide the contact information for the family member responsible for communication with Silver Bay.

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of the person who referred you to the Cancer Respite program: \_\_\_\_\_

The referring individual is associated with the following organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Family Members

Please list the family members who would stay with you as part of the Cancer Respite Program.

First Name	Last Name	Relationship	Age	Gender
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Vacation Dates

Please indicate your preferred dates and the number of family members in your group. Preferred dates are not guaranteed. Check in is 4:00 p.m., check out is 10:00 a.m.

Check In Date: \_\_\_\_\_ Check Out Date: \_\_\_\_\_

Number of Guests: \_\_\_\_\_



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**Before filling out the following section, please review Silver Bay YMCA's accommodations at <https://silverbay.org/accommodations/>.**

**Preferred Accommodation Type (check one):**     Private Bath     Cottage     Any

**List your top three preferred accommodations below. If your preferred accommodation is unavailable during your selected dates, alternative accommodations will be offered as applicable.**

Preferred Accommodation 1: \_\_\_\_\_

Preferred Accommodation 2: \_\_\_\_\_

Preferred Accommodation 3: \_\_\_\_\_

Accommodations will be solely determined based on availability by Silver Bay.

Silver Bay will provide you with a \$2,000 credit to be used to cover the cost of your accommodation(s). If the value of your stay, including gratuity, exceeds the \$2,000 credit, your family is responsible for covering the additional cost. Payment must be made in full before or upon arrival.

All rates are per person, per night; children ages 6-17 will be charged a discounted youth rate and children under 6 are free. Rates will be based upon that current season's rack rate. Membership and program fees will be waived. A 5% gratuity is added to your final bill.

### **No Refunds**

If your stay does not expend the total gift of \$2,000.00 no cash refund will be given to the participant. **NO CASH VALUE!**

### **Application Process**

Please mail or email your application to Silver Bay YMCA at [development@silverbay.org](mailto:development@silverbay.org) or

Attn: Development Office  
Silver Bay YMCA  
87 Silver Bay Road  
Silver Bay, NY 12874

If you have any questions about the application or the reservation process, please contact the Development Office at 518-543-8511.

By signing below, you are consenting that Silver Bay YMCA Conference and Family Retreat Center may use your feedback, photographs, and/or videos for marketing purposes including, but not limited to, social media and print publications into perpetuity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Silver Bay YMCA Referral Form for the Cancer Respite Program

The Silver Bay YMCA Cancer Respite Program assists cancer patients and their families who are actively being treated for cancer. By providing temporary respite to individuals and their immediate families at no cost, the Cancer Respite Program gives these individuals the opportunity to reconnect with their loved ones and enjoy a reprieve from the stresses and financial challenges associated with a battle against cancer.

Please fill out this form to recommend an individual who you believe would benefit from a respite experience. Please do not provide any medical history or description of an individual's ailment.

This form is to be filled out by a health care professional or clergy who is providing treatment or consultation for someone undergoing active treatment of cancer.

I, \_\_\_\_\_ recommend \_\_\_\_\_ to participate in the Silver Bay YMCA Cancer Respite program.

Signed, \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

### Contact Information of referred individual

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, ST \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_