



LittlePink
Houses of HOPE



Emerald Isle, NC
August 16 - August 23, 2025

BREAST CANCER FAMILY RETREAT

A free week-long retreat is just what the doctor ordered.

Join us as a volunteer, property donor, or financial supporter as we create a once-in-a-lifetime vacation experience for 10-12 breast cancer families. We believe a cancer diagnosis does not just affect the patient, but the entire family. Every retreat is designed to help families relax and reconnect during the cancer journey.

Share your gifts and talents to make the week memorable for families.

Have questions or know you want to help in some way?
Contact our Emerald Isle Retreat Coordinator Dawn Walker
dawn@littlepink.org – (336) 260-1309



www.littlepink.org

Little Pink is a 501 (c)3 non-profit organization.
Federal Tax ID# 27-3365488
2442 Tribek Court, Burlington, NC 27215 / 336-213-4733
All gifts are tax deductible as allowed by law.



Little Pink Houses of Hope is non-profit organization that provides FREE weeklong vacations for breast cancer patients and their families. We believe a cancer diagnosis does not just affect the patient, but the entire family. Every retreat is designed to help families relax, reconnect, and rejuvenate during the cancer journey. We are excited about our upcoming retreat **August 16-23, 2025, in Emerald Isle, NC**, a community that has generously surrounded families with donations of meals, activities, and support for many years. Since 2010 over 1,500 families have experienced a week they will forever remember. The financial burden of every aspect of a vacation is removed so that families can relax, reconnect, and rejuvenate in a world free of appointments, doctors, and daily demands.

We are asking for your support! Our retreats leverage the compassion of generous donors to provide for our families in need. Our model is successful because of wonderful individuals, local businesses and organizations that provide houses, meals, activities, and financial support for our retreats. Little Pink Houses of Hope is a 501(c)3 organization and all financial donations and donations of goods and services are tax deductible.

Your generosity will help us continue to provide retreat opportunities for breast cancer families. Please feel free to contact me if you have any questions.

Thank you for giving families hope!
Sincerely,

A handwritten signature in black ink that reads "Dawn Walker". The signature is fluid and cursive, with the first name "Dawn" and last name "Walker" clearly distinguishable.

Dawn Walker
(336) 260-1309

Volunteer Retreat Coordinator, Emerald Isle, NC

Section 1: Event Introduction/On-Site Info.

1. Event Name _____
2. Organization Sponsor Little Pink Houses of Hope
3. Event Date 8-20-25
Time Start 9:00 am Time End 1:00 pm
Has your event been held previously? Yes/No
If so, where and when? August 2024
4. On-site Person Responsible:
Name Dawn Walker
Home Address 2218 Wiggins St. Burlington NC 27215
E-mail dawn@littlepink.org Phone 336-260-1309
5. Facility/Park Requested Bicentennial Park
6. Brief Event Description We provide ~~to~~ retreats to
breast cancer patients and their families
We are going to Paddleboard and
Kayak. We partner with Ocean Cure
out of Wilmington and Swansboro
Paddle Boarding and Kayaking.
7. Expected attendance 50
8. Describe any admission fees and/or items to be sold/distributed N/A

9.

Alcohol:

**** Alcohol sale and consumption is strictly limited to indoor facilities ONLY! ****

Will alcoholic beverages be sold at the event? Yes ___ No ☒

If yes, what facility are you planning to use? Recreation Center ___ Town Hall ___

Park (list park) _____

In order to serve alcohol an ABC permit is required. Whose name will be on the license?

Name _____ Home Phone _____

Address _____

Is the vendor a licensed liquor establishment? Yes ___ No ___

Contact person _____

Work Phone _____ Home Phone _____

Address _____

How will the liquor be dispensed? _____

How will admission to the beer/liquor area be controlled by age? _____

10.

Describe Security proposal for the event N/A

****If security arrangements are deemed inadequate by the Police Chief, the applicant shall be REQUIRED to employ law enforcement officers through the Swansboro Police Department.**

Section 2: Services Required/Outside Items

1. Describe plans for clean-up We will remove the tent and chairs and anything that needs to be removed.

2. Will extra trash receptacles be necessary? Yes ___ # ___ No ☒

Refuse Removal: Town Staff will work with applicant for extra trash removal based on event. An additional fee may be applied for this service.

3. Describe how you propose to control parking and traffic at the event. How many people do you plan to provide or hire to accomplish these functions? Will you need to incorporate road closures or use barriers? We have permission from il Cigno Italiano to park in their lot.

4. Will First Aid be provided? Yes ___ No ☒

If so, by whom? _____ Medical Certification Level _____

5. List any other required services you may need _____

6. Will you utilize temporary structures (i.e., tents, concession stand, stage)? If yes, describe each type and planned location. Pop up tent and folding chairs

Will a tent or overhead canopy larger than 400 sq. feet be erected at this event? Yes ___ No ☒

****A temporary tent or canopy larger than 400 sq. feet requires a permit and inspection from the Town of Swansboro in order to be used at the event.**

7. Do you plan to provide additional portable restrooms? Yes ___ No ☒

If yes, how many? _____ where? _____

8. Will there be vendors at your event? Yes ___ No ☒

What type of vendors will be at your event? (food vendors, craft vendors, etc.) _____

***All additional required vendor information can be found under the 'Events with Vendors' portion of this application.**