



“Acceptance Is the Key”



32nd Annual Women in AA Fall Spiritual Weekend

Stella Niagara Center for Renewal
4421 Lower River Rd., Stella Niagara, NY 14144

October 5th - 7th, 2018

Registration: 4-6:30 pm Friday, Oct. 5th, 2018

Checkout: 12 pm Sunday, October 7th, 2018

🔑 **Send form and payment (a NON-REFUNDABLE deposit of \$100 is required to reserve your room)**

Make payable to: *Women’s Fall Spiritual Retreat, c/o Maureen A.
66 Valley Drive, West Seneca, NY 14224*

Total cost: \$160.00 (incl. meals and room). Acceptance letters will be sent; please include a self-addressed stamped envelope with your registration form and room deposit.

🔑 **The balance of \$60 must be paid in CASH upon arrival at Stella Niagara if using check or money order for room deposit. Checks will not be accepted for the balance. Rooms are filled as registration forms are received. If registration is full, you will be placed on a waiting list. Please text any questions to Maureen at 716-983-5983.**

🔑 **A limited number of Service Scholarships are available to those in need and who have not received one in the past. If this is the case, please write on back of Registration Form and you will be notified.**

Registration must not be postmarked before August 25th.

This Retreat is given by AA women and for AA women.



Cut along dotted line and mail bottom section only



Name _____

Address _____

City, State, Zip Code _____

Telephone _____ Sobriety Date _____ Home Group _____

Email (print neatly) _____

🔑 **Would you be willing to speak (15 to 20 min.) on a Promise at the Retreat? (Yes/No) _____**

If yes, which Promise would you like to speak on? _____

🔑 **Would you be willing to be of service at the Retreat? Check all/any if interested:**

____ Greet and help physically challenged with bags _____ Spiritual Advisor (min. 10 years Sober)

____ Kitchen clean-up _____ Lead a Meditation or Yoga group

____ Share a creative skill/craft _____ Other

Dietary Restrictions (i.e. vegetarian, vegan, other): _____

Check all that apply: _____ Single Room _____ Double Room (2 twin beds) to share with _____

*Those willing to share a room will be given priority (If rooming together, please mail both forms in one envelope).

Please give a contact name and phone number in case of emergency: _____

CONTINUED ON BACK

Will you donate to: (1) Scholarship Fund? \$_____ (Please add to payment) (2) Basket for Basket Auction (Yes/No) _____

 Choose payment method:

Check or Money Order for \$100 room deposit* (included with this registration application)

*\$60 remainder due IN CASH at time of arrival

Credit Card for \$160 total

Credit Card Authorization Form

Please complete all fields below.

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card): _____				
Card Number: _____				
Expiration Date (mm/yy): _____				
Cardholder ZIP Code (from credit card billing address): _____				

I, _____, authorize _____ to charge my credit card above for agreed upon purchases.

Customer Signature

Date