

**Alateen Sponsor Training and Recovery
Friday APRIL 28 - Sunday APRIL 30, 2017**

Who: Any Al-Anon members interested in serving or supporting Alateens.

Alateen Group Sponsors, Alateen Coordinators, Alateen Safety Trainers, and District Representatives.
(Attendees must be 18 or older and attend as Al-Anon members)

Where: Lazy F Camp and Retreat Center

16170 Manastash Road Ellensburg, WA 98640

Website: www.lazyfcamp.org

When: Full Weekend: Friday 6 PM – Sunday 11 AM

(Friday and Saturday Sleeping Accommodations, Friday evening potluck, Meals: Saturday Breakfast, Lunch and Dinner, Sunday Breakfast)

Saturday Only: Saturday 8 AM – 10 PM

(Meals: Saturday Breakfast, Lunch and Dinner)

What: Al-Anon Member Involved in Alateen Service Initial and recertification training, problem solving, recovery meetings and lots of fun and fellowship!

Cost: Full Weekend: Early Bird (3-10-17) \$125

Standard (4-14-17): \$125

Saturday Only: Early Bird (3-10-17): \$85

Standard (4-14-17): \$95

All Registrations are due by Friday (4-14-17)

Registrations are non-refundable; however, they are transferable.

Please contact Carrie W. (360)773-7200 with program questions, with registration questions or email ASTARreg@wa-al-anon.org.

WASHINGTON AREA ASTAR 2017 Registration Form

<p>Make Checks or Money orders out to: WA Area AFG (do not send cash)</p> <p>Mail your payment and form to:</p> <p>ASTAR 2017 C/O Pam White PO Box 341 Marysville, WA 98270</p> <p>Please circle: Full Weekend or Saturday Early Bird or Standard</p> <p>AMOUNT PAID \$ _____</p>	<p>NAME _____</p> <p>PHONE _____</p> <p>EMAIL _____</p> <p>ADDRESS _____</p> <p>CITY _____</p> <p>STATE _____</p> <p>ZIPCODE _____</p> <p>AMIAS# _____</p> <p>Years as an AMIAS _____</p> <p><u>Do you have skills that we can use during the event?</u></p> <p>Chair a meeting _____</p> <p>Arts n Crafts _____</p> <p>Make coffee _____</p> <p>Lead a hike or walk _____</p> <p>Help with game/ skit _____</p> <p>Other _____</p> <p>_____</p>	<p>Please Circle</p> <p><u>DIETARY RESTRICTIONS</u></p> <p>GLUTEN FREE _____</p> <p>VEGAN _____</p> <p>DAIRY FREE _____</p> <p>OTHER _____</p> <p>SLEEPING ARRANGEMENTS</p> <p>Beds are single or bunk beds</p> <p>If you are capable of using a top bunk this would free up beds for the less able bodied.</p> <p>TOP BUNK OR BOTTOM BED</p> <p>EARLY RISER LATE RISER</p> <p>Early to bed or night owl</p> <p>Do YOU SNORE</p> <p>YES NO CPAP MACHINE _____</p> <p>List people you would like as roommates _____</p> <p>_____</p>
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