

REGISTRATION FORM

22nd Annual, 12-Step FALL MOUNTAIN RETREAT September 17-19, 2010

Camp deBenneville Pines, San Bernardino Mountains

This Year's Theme:

Hope - Living in the Promises

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: () _____

() _____

E-mail: _____

Amount enclosed: \$ _____

Check box if you need e-mail confirmation that your payment was received.

Registration fee is non-refundable after August 17, 2010

Early Registration	Discounted fee! ** \$130 **	Must be Postmarked by August 17, 2010
Early Registration and Mail-In Deadline	Discounted fee! * \$135 *	Must be Postmarked by Sept. 10, 2010
At Camp	\$145	DO NOT MAIL

DO NOT MAIL registration fee after Sep 10 – Instead, contact Denise (714-323-0124 or suneyes3@gmail.com) to reserve your space, then bring your check with you to camp.

Please make all checks payable to **ACA – OC**

Mail with registration form to:

**FALL MOUNTAIN RETREAT
P.O. Box 12414
Westminster, CA 92685**



Cabin Preference: (check one)

- Co-ed cabin
- Female only cabin Male only cabin
- Couples room (very limited availability)
- Craigs Cabin
(Include separate check for \$110 per room in addition to regular registration fee.)

Name of person(s) to room with:

Meal Preference:

- Vegetarian meals requested

Rideshare: (check one)

- I need a ride
- I can give someone a ride

How did you hear about Fall Mountain Retreat?

- ACA Meeting CoDA Meeting
- Other 12-Step Meeting
- ACA Website Received E-Mail
- ACA or CoDA Convention
- Mailing List
- L.A. Spring Retreat (Camp Recovery)
- Other (please specify):