

REGISTRATION FORM

27th Annual, 12-Step FALL MOUNTAIN RETREAT

September 25-27, 2015

Camp deBenneville Pines, San Bernardino Mountains

This Year's Theme:

CAMP is a 4-Letter Word!

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 25

Early Registration	Discounted fee! ** \$150 **	Must be Postmarked by August 1
Early Registration and Mail-In Deadline	Discounted fee! * \$160 *	Must be Postmarked by Sept. 1
At Camp	\$170	DO NOT MAIL after Sept 12

DO NOT MAIL registration fee after Sep 12th – Call the FMR Info Line (562) 367- 4325 to reserve your space, then bring your check with you to camp.

For information about possible payment arrangements, contact Madeline (fmrchair@gmail.com) **before Aug 1, 2015**

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)

- Male only cabin Female only cabin
 Co-ed cabin
 Couples room (Very limited availability.)
 Craigs Cabin (Include separate check for \$125 per room in addition to regular registration fee. Very limited availability.)

Name of person(s) to room with:

If you need a bottom bunk or have any physical limitations, please contact Madeline (fmrchair@gmail.com) as soon as possible.

Meal Preference:

- Vegetarian meals requested

Rideshare: (check one)

- I need a ride
 I can give someone a ride

Where are you coming from? (i.e. city/zip, etc):

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
 Spring Retreat (Camp Recovery)
 Other (please specify):
