



REFRESH, RENEW, REVITALIZE AND RECOVER at Mt. Hood Kiwanis Camp

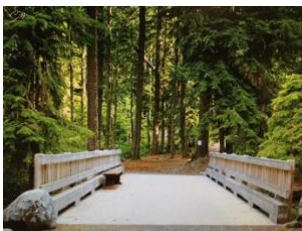
REGISTRATION FORM for ACA Fall 2018 Retreat ~ November 1- 4

Join ACA Oregon for its third annual Fall Retreat at Mt. Hood Kiwanis Camp. It is less than a mile west of Government Camp, Oregon tucked deep into the green, majestic forests of the northwest at the base of beautiful Mt. Hood, (55 miles from Portland). Enjoy a weekend get-a-way, truly out in the wild wonders of nature while surrounded with all the amenities of a modernized log cabin setting. Gather around the crackling fire in Laurel Lodge's massive stone fireplace for singing, games or simple fellowship. The retreat will offer workshops, meetings, arts and crafts, no-talent shows and more. But this is your weekend of self-care so do as much or as little as you wish. The schedule is – just a suggestion, yours to make. All events are yours to do or not do as you wish. There is no right way to attend a retreat, except your way. Read, meditate, hike! Easy trails are on the camp ground and some serious hikes for the more adventurous, are just up the road. Mt. Hood Timberline lodge is also less than five miles away. Plus, many of the ski resorts have shops and restaurants. Information on nearby activities will be provided when you arrive.



Sleeping Halls: The sleeping arrangements are rustic, just like you're at camp! The rooms all have bunk beds and we anticipate 4 to 6 people per room. Bedding is not provided so bring your warm comfy blankets and pillows, plus sheets and teddy bears.

Weather: The first of November is historically a non-snow time at the camp, but of course check the weather before you head up and dress accordingly. All sleeping lodges are separate from the dining hall and main gathering lodges so you will be exposed to the weather while in route. Again, the lodges are kept warm and comfortable and each has a fire place that can be used while we are there.



Retreats truly are a time to renew and revitalize your recovery within.

We look forward to you joining us on this adventure.

Applicant Information

Attendee's Name: _____ Date: _____

Address: _____
Street Address

_____ *City* _____ *State* _____ *ZIP Code*

Phone: _____ Email _____

Emergency Contact: _____

Phone: _____ Relationship _____

Reservation Dates & Pricing

Pricing is per person. To request a scholarship, mark the box, let us know days you will be attending if not the full 3-days

- | | | |
|---|--|---|
| <input type="checkbox"/> 3 Night stay ~ \$212 | <input type="checkbox"/> w/ mini Scholarship ~ \$159 | *A no-food option is available, please email at acaportlandretreat@gmail.com for pricing. |
| | <input type="checkbox"/> w/ full Scholarship ~ \$106 | |
| <input type="checkbox"/> 2 Night stay ~ \$160 | <input type="checkbox"/> w/ mini Scholarship ~ \$120 | Which nights will you be there? |
| | <input type="checkbox"/> w/ full Scholarship ~ \$80 | Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> |

Dietary Needs

Three meals per day are included in all prices, starting with Thursday dinner and ending with Sunday lunch. Most dietary needs are provided for, please list all your needs. (see no food option above in Reservations)

- | | | |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Gluten-free | <input type="checkbox"/> Dairy Free | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Vegan | |
| <input type="checkbox"/> Food Allergies _____ | | |

Preferences

I want to room with: _____

- | | | | |
|---------------------------------------|-------------------------------|---|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Gender Neutral /Non-Binary | *Do you have any specific needs you would like us to accommodate? Please describe:

_____ |
| <input type="checkbox"/> I Snore | | <input type="checkbox"/> I do not Snore | |
| <input type="checkbox"/> No Snoring | | <input type="checkbox"/> Snoring OK | |
| <input type="checkbox"/> I use a CPAP | | <input type="checkbox"/> CPAP is OK | |
| <input type="checkbox"/> Early Bird | | <input type="checkbox"/> Night Owl | |

Payment

I would like to donate to the scholarship fund, \$10.00 \$20.00 \$50.00, other \$_____.

Review your form, then, check the box next to your payment method. No Cash, Please. Full REFUNDS will be available up to registration deadline.

**** Note you will not be registered for the retreat until both the application and payment are received!**

TOTAL PAID = \$_____

I'm paying with:

- | | |
|--|--|
| <input type="checkbox"/> PayPal
Login, then make payment to
acaportlandretreat@gmail.com | <input type="checkbox"/> Check |
| | <input type="checkbox"/> Cashier's check/money order |

Mail your completed form with payment to:

**ACA Portland Retreat
PO Box 61703
Vancouver, WA 98666**

Registration will be closed on October 11, 2018, three weeks prior to the retreat date or when we reach 75, whichever comes first.

Please email any questions to acaportlandretreat@gmail.com

Hope to hear from you soon.

"Our experience shows that we cannot recover alone. We need to interact with recovering adult children to practice the principles that bring real results"

~ Big Red Book, Finding focus and a Home in ACA.

Liability Disclaimer for 2018 Oregon Area ACA Fall Retreat

All participants must complete this Liability Disclaimer to be eligible to participate in activities related to this retreat.

In consideration for participation in activities related to the Oregon Fall Retreat, I, the undersigned, hereby release and forever discharge the Oregon Area ACA and Portland Retreat Committee and its organizers and officers, directors and agents, administrators, facilitators, employees and volunteers from any and all actions, causes of actions, claims for loss, damage or injury of any kind of nature, sustained while participating in activities related the Oregon Fall Retreat on November 1 thru 4 2018.

This Liability Release extends, applies to, covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, losses, and liabilities and the consequences thereof, as well as those not disclosed and known to exist.

It is further understood that this is a nonalcoholic and drug free retreat and all participants agree by signing below to abide by this requirement.

Signature _____ Date _____

Liability disclaimers are commonly used for events that offer opportunities for recreation and physical activity. In using the precaution of a waiver we are following the example of the San Francisco area ACA retreat. The Oregon area ACA fall retreat is planned and conducted in good faith by fellow ACA members giving service that is action coming from love. Each retreat attendee is ultimately responsible for their own choices, well-being, and recovery.