



Exploring the Promises Of ACA

November 14th-17th

Mt. Hood Kiwanis Camp

REGISTRATION is now OPEN for ACA Fall 2019 Retreat

Register online through the fillable form posted on the ACA Oregon website. <https://acaoregon.com/>

Registration will close on October 24th, 2019 or when there are 75 registered, whichever comes first.



Join ACA Oregon for its fourth annual Fall Retreat; to be held at Mt. Hood Kiwanis Camp, at the base of beautiful Mt. Hood, (55 miles from Portland).

Enjoy a weekend get-a-way 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. There is no right way to attend a retreat, except your way.

Sleeping Halls: The dorm rooms are rustic, just like you're at sleepaway 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: Snow is unlikely but possible in mid-November at the camp. 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. The lodges are kept warm and comfortable and each has a fire place that can be used while we are there.

Family Groups: These are small gatherings of folks who share in an intimate setting that is similar to a regular ACA meeting. They provide an opportunity to talk about feelings that arise during the retreat and lend themselves to bonding with other ACA folks.

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"/> |

Scholarship qualification is self-selected. Because funds are limited, we ask that you please pay within your means.

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

TOTAL = \$_____ Thank you for helping a fellow ACA member to attend this retreat!

Family Group Preferences

In an effort to provide consistency and comfort for all, family groups will be coordinated using the your preferences below:

- Larger group (9-12) in a more attractive physical space. Less privacy (other people may travel through)
- Smaller group (5-9) in a less attractive physical space. More privacy (other people unlikely to travel through)
- No preference

Estimated day and time of arrival _____

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. **(Also, see no food option above in Reservations)**

- Gluten-free Dairy Free Vegetarian
- Diabetic Vegan
- Food Allergies _____

Preferences

I want to room with: _____

- Female Male Gender Neutral /Non-Binary *Do you have any specific needs you would like us to accommodate? Please describe:
- I Snore I do not Snore _____
- No Snoring Snoring OK _____
- I use a CPAP CPAP is OK _____
- Early Bird Night Owl _____

Payment

Cancellation policy: Payments will be refunded in full for cancellations received up until the registration deadline, 10/24/19. If cancellations are received after the deadline but up to up to 2 weeks prior to the event start date, 1/2 of the payment amount will be refunded. For cancellations received after 10/31/19, we will not be able to refund any payment amount.

I understand and accept this cancellation policy I understand this is a drug and alcohol free event

Review your form, then, check the box next to your payment method. No Cash, Please.

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

I'm paying with:

- PayPal Check
Login, then make payment to Cashier's check/money order
acaportlandretreat@gmail.com

TOTAL PAID = \$ _____

Mail your completed form with payment to:

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

Please email any questions to
acaportlandretreat@gmail.com

“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.

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.

Liability Disclaimer for 2019 Oregon Area ACA Fall Retreat

I, the undersigned, hereby release and forever discharge the Oregon Area ACA and Portland Retreat Committee and its organizers 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 14 thru 17 2019.

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.

Signature _____ Date _____

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