

Registration (All Must Complete)

Name _____

Al-Anon Alateen

Name for name tag: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

E-mail: _____

How many attending banquet? (\$25 each) _____

Registration before 8/1/17, \$20; after 8/1/17, \$25

I would like to volunteer for: _____

Alateen Only (registration fee waived)

Name of accompanying adult: _____

Parent/Legal Guardian Name: _____

Address: _____

City, State, Zip Code: _____

Relationship to Attendee: _____

AREA HOTELS

Rooms have been blocked at these hotels. Ask for "Friends of Lois Reduced Rate" when reserving your room.

Hampton Inn & Suites

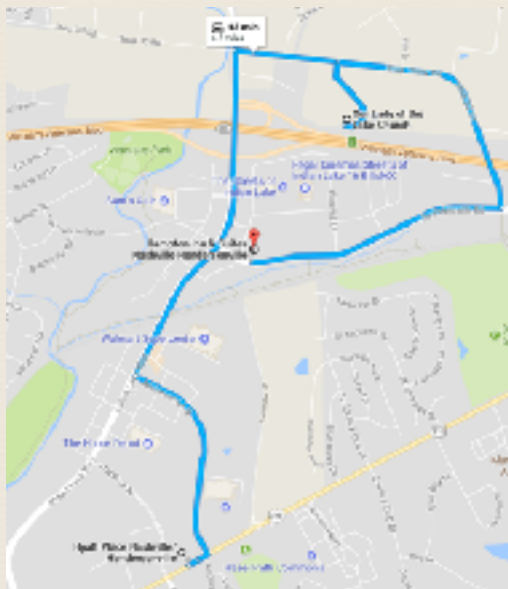
111 Saundersville Rd., Hendersonville TN 37075

(615) 751-5066. \$ 149.00/night

Hyatt Place

330 E. Main St., Hendersonville TN 37075

(615) 826-4301. \$144.00/night



OUR LADY OF THE LAKE CATHOLIC CHURCH (CONFERENCE CENTER)

1729 Stop 30 Rd, Hendersonville, TN 37075

Questions: 2018afeconvention@gmail.com

HOPE FOR THE FUTURE



2018
Al-Anon/Alateen Convention
With AA Participation
TN Area 52
September 14-15 2018



If interested, please state your volunteer option on the registration form.

Volunteer Opportunities:

- Hospitality
- Welcome
- Literature
- Registration
- Program
- Other

Please mail the registration form and payments (registration and banquet) to:

Middle Tennessee AFG Convention
PO Box 1146
Gallatin, Tennessee 37066

If you have questions, email
2018afgconvention@gmail.com,
Or reference
www.middletnalanon.org

*Be sure to cut along the dotted line to include the double-sided registration form (and consent, if applicable) with your payments to the address above.

“To be without hope is
to deny the wonderful
possibilities of the
future.”

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There will be an open kick-off Al-Anon meeting, September 13 at 8:00pm at Our Lady of the Lake Convention Center



Alateen Parental Consent

As a parent/legal guardian, I have reviewed the information concerning the above named event and give permission for _____ to attend. As a parent/legal guardian I authorize emergency medical treatment for the child named above in the event that I cannot be reached. I agree, should it become necessary to incur any medical expenses as a result of illness or injury, I will accept full responsibility for such expenses. I hereby release and discharge the Al-anon/Alateen family groups, their representatives, the Alateen sponsor, and the selected responsible adult from any and all liability which may result from an injury or illness sustained by my child from any cause whatsoever in connection with this trip, including transportation to and from all related activities. Further, I believe that this Alateen is physically and mentally capable of taking reasonable precautions to protect his or her own safety and the maturity and judgement not to put themselves or others in dangerous situations.

Signature: _____

Date: _____

Phone Number: _____

Alateen Considerations

Allergies to medications or foods _____

Medications or prescriptions _____
