

Registration (All Must Complete)

(For Alateen attendees, fill out the next page/other side)

Name _____

Al-Anon Alateen AA

Name for name tag: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

E-mail: _____

Registration Cost: \$25. No Refunds.

If interested, please state your volunteer option below.

Volunteer Opportunities:

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Literature | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Registration | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Chair | <input type="checkbox"/> Welcome |

Please mail registration forms and checks
(including donations) to:

TN Area – AFG Convention Odd
876 East Hunt Rd
Alcoa, Tennessee 37701

We are working to offer payment by credit card or
Paypal, so check for updates on other payment
options on the Events page at
<http://tn-al-anon.org/>

LODGING

We have a number of rooms block-reserved. Ask for the 'AFG Rate' when reserving your room. *The discounted rate is available for extended stays up to two days before and two days after the convention.*

Holiday Inn Knoxville West – Cedar Bluff

9134 Executive Park Dr., Knoxville, TN 37923
(865) 693-1011

AFG Rate: \$105.00/night + tax

**To get the \$105.00 rate, make reservations before
19 July 2019**

**From the East. From I 40 West: Take Exit
378B for Executive Park and Cedar Bluff.
At the end of the ramp, make a left onto
Executive Park, and hotel is on the left.**

**From the West. From I 40 East: Take Exit
378 for Cedar Bluff. Make a left onto
Cedar Bluff, then a right onto Executive
Park. The hotel is on the right.**

Convention Venue:

HOLIDAY INN KNOXVILLE WEST
CEDAR BLUFF–Neyland Ballroom
9134 Executive Park Dr., Knoxville, TN 37923

Questions: ETAFG2019@OUTLOOK.COM

Be Sure to include this page of the registration
form (and Alateen Consent forms, if applicable)
with your payments to the address listed on the
left-hand side of this page.

Higher Purpose Broader Perspective



2019
AL-ANON/ALATEEN CONVENTION
WITH AA PARTICIPATION
TN AREA 52
AUGUST 16-18, 2019



Alateen Only (registration fee waived – Also Fill out Consent Form on the right side of this page)

Name of accompanying adult: _____

Cell Phone of accompanying adult: _____

Parent / Legal Guardian Name: (Circle the most appropriate legal designation):

Relationship of Parent/Legal Guardian to Alateen:

Address of Parent/Legal Guardian: _____

City: _____

State: _____

Zip Code: _____

Other Relevant Information: _____

“I could be ‘stretching’ my world and broadening my Perspective. A wider view ... will make me better able to deal with all difficulties.”
ODAT pg. 266



There will be an open kick-off Al-Anon meeting upon arrival on August 16 at 4:00 pm, at the Holiday Inn Knoxville West Neyland Ballroom.



Alateen Parental Consent
(If Applicable)

As the parent/legal guardian of an attending Alateen, I, _____, have reviewed the information concerning the above-named event and give permission for _____ to attend.

As the 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 accompanying 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, to include 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 he/she has the maturity and judgment not to put themselves or others in dangerous situations.

Signature: _____

Date: _____

Phone Number: _____

Alateen Considerations

Allergies to medications or foods _____

Medications or prescriptions _____
