



# *Walking in Memphis Living in Recovery*

**29TH ANNUAL AL-ANON / ALATEEN CONVENTION with AA WELCOME  
SEPTEMBER 18-20, 2026**

**ALATEEN MAIL-IN REGISTRATION FORM**

The convention will take place at **Marriott Memphis East - 5795 Poplar Avenue, Memphis, TN 38119**

**In-Person Attendance:** Meals will be provided at a separate cost. You will be able to select number of meals you want to purchase

<b>In-Person Attendance</b>		
Tickets	Early (Before 8/1)	Late (After 8/1)
1-3 Days	\$40	\$50
Zoom 1-3 Days	\$20	\$25
Alateen 1-3 Days	Free	Free

<b>Optional Meals</b>		
Friday Night	Free	Ice Cream Social
Saturday Breakfast	\$26	Continental
Saturday Speaker Lunch	\$34	Deli Buffet
Sunday Speaker Breakfast	\$32	Continental with Eggs

<b>ALATEEN INFORMATION</b>		
Name:		
Name(s) for Name tag(s):		
Address:		
City:	State:	Zip:
Phone #:	Email:	

## ACCOMPANYING ADULT INFORMATION

Alateens cannot attend the convention overnight without being accompanied by an adult - a parent, guardian or AMIAS. The adult must complete an adult convention registration in addition to filling out this form at <https://tn-alanon.org>

Alateen is accompanied by:     Parent/Guardian Qty:\_\_\_\_\_     AMIAS Qty:\_\_\_\_\_

If the Alateen is attending with an AMIAS, the AMIAS \*must\* complete and submit the additional forms that follow this registration (pages 1-8). If the Alateen is attending with a Parent/Guardian, just the first two pages need to be completed.

Parent/Guardian/AMIAS Name:

Relationship to Alateen:

Address:

City:

State:

Zip:

Phone #:

Email:

## HOW WILL ALATEEN ATTEND?

In Person Qty:\_\_\_\_\_     ZOOM Qty:\_\_\_\_\_

## OPTIONAL MEALS

We have chosen a few meals that you can choose to purchase. There are other options in and around the hotel if you'd prefer. Cutoff date for ordering meals is September 3rd at 6:00 p.m.

Ice Cream Social - Free    Qty:\_\_\_\_\_     Saturday Breakfast \$26    Qty:\_\_\_\_\_

Saturday Lunch \$34    Qty:\_\_\_\_\_     Sunday Breakfast \$32    Qty:\_\_\_\_\_

## DO YOU WANT TO PRE-ORDER PRODUCT

To cut down on ordering too much, we are giving you the option to pre-order product. Order cutoff date is September 1st.



T-Shirts \$25 each

Qty: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_  
 Qty: XL \_\_\_\_\_ 2X \_\_\_\_\_ 3X \_\_\_\_\_



Long Sleeve Shirts \$30 each

Qty: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_  
 Qty: XL \_\_\_\_\_ 2X \_\_\_\_\_ 3X \_\_\_\_\_



Baseball Hat with Logo \$30 each

Qty: \_\_\_\_\_



Insulated Cup with Logo \$15 each

Qty: \_\_\_\_\_

## REFUND INFORMATION

As we have incurred costs based on attendance, we will not be offering refunds - however, the ticket and meals are transferrable to someone else. If you have pre-ordered any products, those can be shipped to you. If you have purchased a ticket for in-person attendance and are not able to make it to the event, you may attend via Zoom for free.

## HOW TO COMPLETE REGISTRATION

Please make checks payable to Memphis **Convention 2026**. Please send payment and form to: PO Box 88, Cordova, TN 38088. Postmarked date is your Registration Date.

## HOTEL INFORMATION

**Marriott Memphis East** - (901)-682-0080

Rate \$159/night with discount parking price. Block code: **Memphis Convention 2026**

*Please consider making a contribution to help cover the costs of the convention using the payment information above. Please mark your check with **Donation** in the memo line. Thank you!*

# FORM A: INFORMATION AND PERMISSION FORM

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*Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.*

THIS FORM MUST BE FILLED OUT ENTIRELY IN ORDER FOR THE ALATEEN MEMBER TO PARTICIPATE.

PARENTS: Please read, complete, sign this form and keep a copy for your records.

ALATEENS: Please return this completed form to your Alateen Group Sponsor or accompanying AMIAS.

SPONSOR/AMIAS ESCORT: Keep the original copy of this form in your possession for the duration of the time the Alateen member is in your care.

## ALATEEN MEMBER'S INFORMATION

First and Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## SPONSOR/ADULT ESCORT INFORMATION

First and Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

## EVENT INFORMATION

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Address of Location \_\_\_\_\_

Phone Number of Location: ( ) \_\_\_\_\_

Date & Time & Place of Departure: \_\_\_\_\_

Date & Time & Place of Return: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

(include make, model, year of vehicle, & license plate number)

**Compilation of Suggested Alateen Event Forms.**

# FORM A: INFORMATION AND PERMISSION FORM

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Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.

## CUSTODIAL PARENT/GUARDIAN INFORMATION

First and Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone Number: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

During this event, I can be reached at: ( ) \_\_\_\_\_

## NEAREST RELATIVE NOT LIVING WITH THE ALATEEN MEMBER OR PARENT/GUARDIAN

First and Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

## HOLD HARMLESS STATEMENT

As the parent/guardian of the aforementioned Alateen member, I am responsible for payment of any medical services required and obtained on said member's behalf. I further hold harmless the event attended by my child and

\_\_\_\_\_ (insert name and WSO registration number (if known) of group, District, Al-Anon Information Service office and/or Area) or authorized representative thereof, should any harm come to my child as a result of his/her participation in this activity or procurement of medical treatment.

Parent/Guardian Signature : \_\_\_\_\_ Date: \_\_\_\_\_

## PARENTAL PERMISSION (to be signed in the presence of the Sponsor/AMIAS escort)

I, \_\_\_\_\_, hereby grant permission to \_\_\_\_\_ to travel to and  
(Parent/Guardian Name) (Alateen Member Name)

From and to participate in \_\_\_\_\_ under the supervision of  
(Event Name)

\_\_\_\_\_ on \_\_\_\_\_  
(Sponsor/AMIAS Escort Name) (Dates of Event including Travel Time)

**Compilation of Suggested Alateen Event Forms.**

**POWER OF ATTORNEY FOR CARE OF A MINOR CHILD**

**TN AREA 52 AL-ANON/ALATEEN (HEREIN "ALATEEN")**

Use of this form is authorized by T.C.A. § 34-6-301 et seq. Completion of this form, along with the proper signatures, is sufficient to authorize medical treatment. *Please print clearly.*

**Part I:** To be filled out and/or initialed by parent(s)/legal guardian(s).

1. Minor Child's Name
2. Mother/Legal Guardian's Name & Address
3. Father/Legal Guardian's Name & Address
4. Caregiver's Name & Address

(Alateen Sponsor)

5.  Both parents are living, have legal custody of the minor child and have signed this document;

**OR**

One parent is deceased;

**OR**

One parent has legal custody of the minor child and both parents have signed this document and consent to the appointment of the caregiver;

**OR**

One parent has legal custody of the minor child, and has sent by Certified Mail, Return Receipt requested, to the other parent at last known address, a copy of this document and a notice of the provisions in § 34-6-305; or the non-custodial parent has not consented to the appointment and consent cannot be obtained because

6. Temporary care-giving authority regarding the minor child is being given to the caregiver because of the absence of the minor child from the control of his parent(s) at the following Alateen event:

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(Describe Event)

7. (\_\_\_\_) I/We the undersigned, authorize the named caregiver to do one or more of the following:

(\_\_\_\_) enroll the child in an Alateen event,

(\_\_\_\_) obtain medical, dental, and mental health treatment for the child, and

(\_\_\_\_) provide for the child's food, lodging, housing, recreation and travel in connection with the Alateen event.

8. (\_\_\_\_) I/We understand that this document does not provide legal custody to the caregiver. If at any time I/we disagree with a decision of the named caregiver or choose to make any healthcare or educational decisions for my/our child, I/we must revoke the power of attorney, in writing, and provide written documentation to the health care provider.

9. (\_\_\_\_) I/We understand that this document may be terminated in another written document signed by either parent with legal custody or by any order of a court with competent jurisdiction.

10. **Notwithstanding the provisions of Paragraphs 8 and 9, this Power is automatically revoked upon the return of the child to the child's primary residence from the event described in Paragraph 6.**

**Part II:** To be initialed by caregiver.

10. (\_\_\_\_) I understand that this document, properly executed, gives me the right to enroll the minor child in the event described in Paragraph 6.

11. (\_\_\_\_) I understand that this document does not provide me with legal custody.

12. (\_\_\_\_) I understand that, except where limited by federal law, I shall be assigned the rights, duties, and responsibilities that would otherwise be assigned to the parent, legal guardian or legal custodian pursuant to Tennessee Code Annotated Title 49.

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I/We declare under penalty of perjury under the laws of the State of Tennessee that the foregoing is true and correct.

**STATE OF )**

**COUNTY OF )**

Date:

**Mother/Legal Guardian**

The Mother/Legal Guardian, \_\_\_\_\_, personally appeared before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**NOTARY PUBLIC**

My commission expires:

**STATE OF )**

**COUNTY OF )**

Date:

**Father/Legal Guardian**

The Father/Legal Guardian, \_\_\_\_\_, personally appeared before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**NOTARY PUBLIC**

My commission expires:

**STATE OF )**

**COUNTY OF )**

Date:

**Caregiver**

The Caregiver/ \_\_\_\_\_, personally appeared before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**NOTARY PUBLIC**

My commission expires:

\_\_\_\_\_

# PARENT/GUARDIAN PERMISSION FORM FOR

## TN AREA 52 AL-ANON/ALATEEN ("ALATEEN") SPONSORED EVENT

Dear Parent or Legal Guardian:

Your child is eligible to participate in an ALATEEN sponsored activity requiring transportation to and from his or her place of residence. This activity will take place under the guidance and supervision of your child's Alateen Sponsor. A brief description of the activity follows:

**Event (Describe including Destination):**

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**Sponsor:** \_\_\_\_\_

**Dates and times:**

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**[Please fill out the following:]**

I am the parent or legal guardian of \_\_\_\_\_ and hereby request that my child be allowed to participate in the event described above.

I understand that participation in an activity could involve risk of physical injury, illness, or property loss, and that despite safety precautions neither Alateen nor the Sponsor can guarantee safety as all risks cannot be prevented. In consideration of the opportunity afforded by this event, I assume any risk that may arise from my child's transportation to, participation in, and transportation from this event, and individually and as parent/guardian of my child hereby release, discharge, agree to indemnify and hold harmless Alateen and the Sponsor from all form and manner of risks inherent in, and from all claims, suits and demands of any nature arising from participation in said trip, or activities.

\_\_\_\_\_  
NAME of PARENT/GUARDIAN (please print)

\_\_\_\_\_  
SIGNATURE of PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**Mother's Cell Phone #:** \_\_\_\_\_ **Father's Cell Phone #:** \_\_\_\_\_