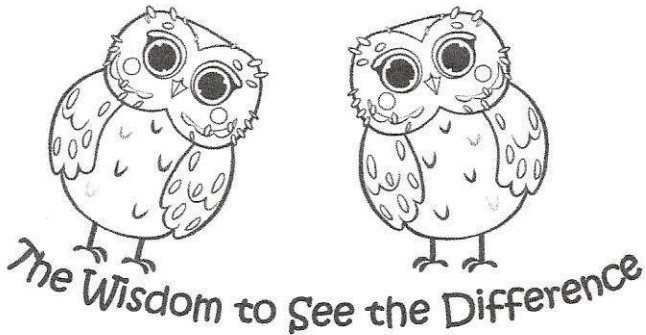


# 33<sup>rd</sup> AL-ANON ADULT CHILDREN WORKSHOP

An Open Weekend for those whose lives have been affected by the family disease of alcoholism

April 29<sup>th</sup> – May 1<sup>st</sup> 2022

*perfectly Imperfect*



**GREEN LAKE CONFERENCE CENTER (GLCC)**  
W2511 State Highway 23, Green Lake, WI 54941

### Main Speakers:

Cathy S. – Yorkville, IL

Linda D. – Batavia, IL

Ron K. – Plainfield, IL

30+ Breakout Meetings!

Panel of 4 Wisdom Seekers

### GLCC LODGING & MEAL RESERVATION: [acafig.org](http://acafig.org) or Call 920-294-3323

- \$96 per Night (Single or Double) each additional person \$15 per night
- Friday - Sunday 5 meal package (required with lodging) total cost \$65.50
- Late arrivals may opt out of Friday meal \$15. (Indicate on reservation, I do not want Friday meal)
- Ask for ACAFG discount (if making reservation by phone)
- Reservations after **April 15, 2022** incur an additional \$2 per meal charge
- Local health & safety guidelines will be followed at GLCC

### WORKSHOP REGISTRATION: [acafig.org](http://acafig.org) or Mail

I understand that:

- Registration fee is only for the cost of the Workshop: speakers, meetings, and social events.
- I am responsible for informing GLCC regarding any special needs (i.e., mobility needs, dietary needs).
- Cancellations less than 30 days before event may not receive a refund.

### SERVICE OPPORTUNITIES

Lead A Meeting, (5 Minute Maximum Lead Time)

Please List Your Top Choices from schedule:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Registration Table | <input type="checkbox"/> Raffle Ticket Sales |
| <input type="checkbox"/> Literature Table   | <input type="checkbox"/> Skit                |
| <input type="checkbox"/> Temporary Sponsor  | <input type="checkbox"/> Wherever needed     |

**\$40 Early Owl – Postmarked by Feb. 27th, 2022**

**\$45 Late Owl – Postmarked after Feb. 27th, 2022**

**\$50 Walk-ins – Friday or Saturday**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT:

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

Please make check payable to: ACAFG WORKSHOP

Mail to: ACAFG WORKSHOP

PO Box 87473

Carol Stream, IL 60188



