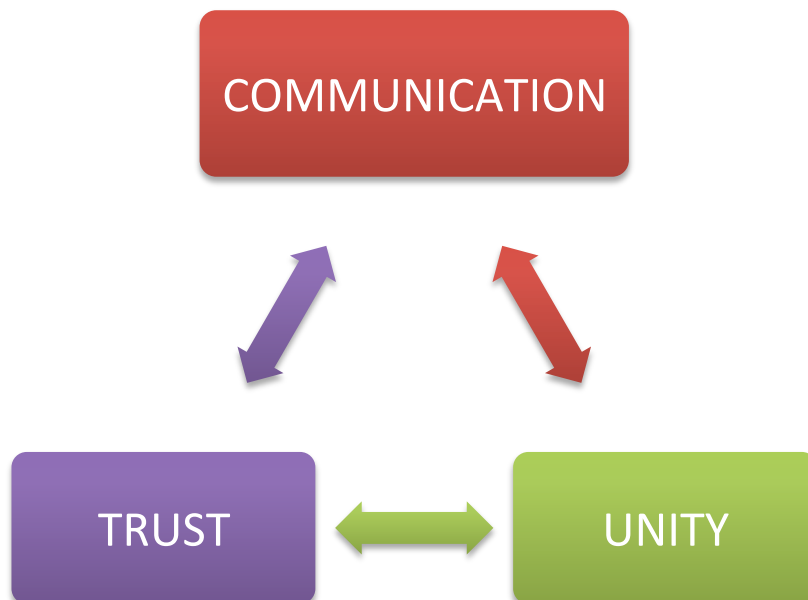


District 12 AFG – 35th ANNUAL WEEKEND OF SHARING
September 16 – 18, 2022

TOGETHER, WE CAN MAKE IT



WEEKEND PACKAGE: \$125

- * Registration: Any time after 3:00 pm in the Dining Hall.
- * Friday dinner
- * Saturday 3 meals, and Sunday breakfast.

SATURDAY ONLY: \$65.00

- * Registration: 8:00 – 8:30 am in the Dining Hall.
- * Breakfast, Lunch, and Dinner
- * 3 Workshops and Fellowship.

SPEAKER

- ONLY**
* \$5.00
for
each

Speakers:

Friday Night Panel – Maggie R., Chrystal R., and Lori F. (begins at 7:30 pm)

Saturday Night – Anna P. (begins at 7:00 pm)

Sunday Morning – Terry P. (begins at 10:30 am)

REGISTRATION DEADLINE is September 1, 2022. (NO EXCEPTIONS) **First come first serve.**

- * **You have the option of sending half of the payment, and paying the balance at registration.**
- * **The Lodge** has private rooms with double occupancy, in addition to individual bathrooms. CO-ED.
- * **The Cabins** have 2 wings of single beds with 2 community bathrooms (5 stalls and 4 showers in each)
- * **ALL WILL NEED TO BRING bedding, pillows, towels, snacks, and items for the Chinese Auction.**
- * For further information, call or email: **Jan H.** at (814) 572 - 1968 or spunkymom4550@aol.com.
- * Registrations are TRANSFERABLE, but NOT REFUNDABLE.
- * **Please complete the medical release form.**

DIRECTIONS:

From **I-90** take Exit 6 (Route 215).

Travel north on Rte. 215 for approximately four miles to the intersection of Rte. 215 and Rte 5.

Continue north on Rte 215, crossing the railroad tracks, past Peggy Gray's, veer left and Camp Judson is on the left.

From **Route 20** (26th Street / West Ridge Road) or **Route 5** (12th Street – 8th Street – West Lake Road)

Travel North on Rte. 215. Continue north on Rte 215, crossing the railroad tracks, past Peggy Gray's, veer left and Camp Judson is on the left.

PLEASE make checks payable to District 12 AFG and mail to:

Jan Heyer
8491 Route 18
Girard, PA 16417

Registration:

- The Lodge \$125
- The Cabin \$125
- Saturday ONLY \$60

Pay for each speaker at the door

Name: _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Email _____ confirmation of registration.

Mail confirmation. Please enclose a self-addressed stamped envelope.

Medical Release:

I, _____, do hereby release the camp, committee, and Al-Anon from any responsibility from injuries, accidents, and any medical condition, that may arise while at Camp Fitch.

Emergency Contact Info: Name: _____

Relationship: _____ **Phone:** _____

Please check if you need a first floor assignment. **First come first serve basis.**

Additional requests: _____
