

Women's Retreat

Hosted by The Flying Geese

Emotional Sobriety

August 26th, 27th & 28th, 2022

Friday the 26th @ 4:30 pm - Sunday the 28th @ noon

Come join us at Lorado Taft Field Campus

1414 N. River Rd.

Oregon, IL 61061

This is a closed retreat for women in AA which includes program meetings, meals (Friday evening through Sunday morning) and dormitory lodging for only **\$120** Click on the QR code to register

Or fill out the bottom portion of this form and mail to address below

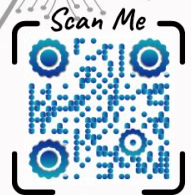
Or email: flyinggeese2000@gmail.com

Deadline for registration is Friday, July 22, 2022

Registration Contact: Monica F. (847)845-8937 OR Carrie W. (847) 804-9411

Retreat Chair: Cindy F. (847) 754-7429

Cut and return below, a map is printed on the back.



Full name _____ Preferred first name for tag: _____

Telephone (____) _____ Email (required) _____

Special dietary or physical needs: _____

Are you willing to VOLUNTEER? YES or NO (if yes, we will contact you for service)

Payment method (please circle one): **\$120** Cash _____ Check/money order Check # _____ \$ _____

Make your check payable to: Flying Geese Group. Payments can be made via [Zelle](#) to cbw1144@gmail.com

Are you seeking a partial scholarship? (Limited number available, up to 50% of fee) YES or NO

T-Shirt Purchase "Dandelions" add **\$20** (circle one) YES or NO \$ _____

T-shirt Size/# of shirts: S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____

Money raised from t-shirts sales goes to Scholarship Fund for next year's retreat

Scholarship donation amount, if you so desire \$ _____

Give or mail completed registration forms with payment to:

Monica F. 28757 W. Pittner Avenue, Cary, IL 60013 **OR**

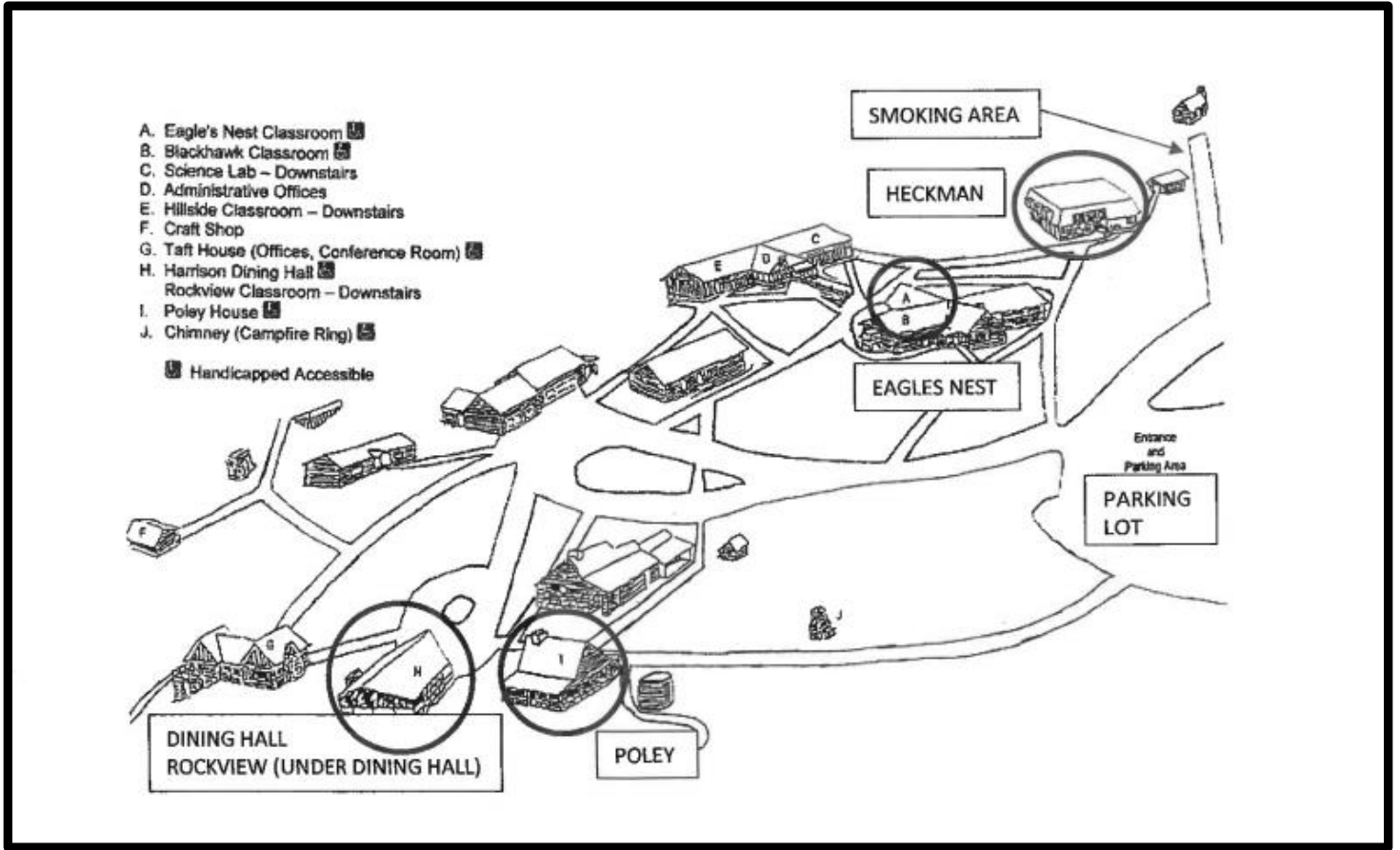
Carrie W., 12 Grant Avenue, Lake in the Hills, IL 60156

- There are NO refunds or cancellations after Friday, July 22nd

By registering, you agree that for yourself and anyone entitled to act on your behalf, you release and discharge the Women's Flying Geese Group and Lorado Taft Field Campus, their staff, and volunteers from all claims in any manner arising from participation in this event.

Lorado Taft NIU Campus

1414 N. River Road Oregon, IL 61061 <https://www.niu.edu/taft/about/location.shtml>



Cut and return below

Scholarship Request

Full name _____

Amount Requested: \$ _____

(Limited number available, up to 50% of fee)

Reason for request: _____

Partial payments accepted.

Payment Date: _____

Amount Paid: \$ _____

Payment Date: _____

Amount Paid: \$ _____

Payment Date: _____

Amount Paid: \$ _____

Total paid: \$ _____

Return completed registration forms and payment to:

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