



*36th Annual*  
*Growing Together Weekend*

**\*Alateen and Alanon event, with AA participation\***

**May 4, 5, and 6, 2018**

**\$179 - postmarked by April 1st**

**\$195 - after April 1st and received through April 16th**

**REGISTRATION ENDS APRIL 16th, 2018.**

**No Walk-In Registrations**

**\*\*This event abides by the NCWSA Requirement for Alateen Member Safety\*\***

Event Sponsors: Kara W and Ray W

**Guidelines that Apply to All Participants Please read before GTW:**

1. Minimum age to attend is 12 years of age.
2. No co-ed sleeping in cabins and no sleeping in the meeting room. One person per bunk/bed, each member will sleep in their own bunk. No exceptions!!
3. Once registered and checked in, there is no leaving the grounds. During the weekend, there is no leaving the boundaries of our site or the conference.
4. No smoking outside the designated smoking area. We are asked to keep the area free from litter. If you are caught smoking outside of the designated area you will be asked to leave at your own expense. The legal smoking age in CA is 21. If you are under 21 and choose to smoke then that is your choice. If you are caught smoking while attending and are underage GTW will not be held responsible
5. Participation is required for all meetings, events and functions during the weekend. with the group till all events are over.
6. Possession of drugs and/or alcohol is strictly forbidden.
7. Illegal weapons, firearms or fireworks are forbidden.
8. No amplified radios--headphones are required, no electronics use during meetings
9. We are guests at Westminster Woods and we ask that the standards of conduct for Westminster Woods be respected. (Modest dress, polite language, restraint in public displays of affection, self-control when angry, patience, kindness, understanding, and respect in relationships.)
10. No rude, crude behavior or talking. Out of respect, please ask a fellow participant before giving a hug.
11. Anyone who deems it necessary to break or offend these guidelines will be asked to leave at his/her own expense.

--Any questions regarding the Growing Together Weekend please text or email Ali Y – Chair (408) 841-2307 or aliyvanovich@yahoo.com

**Suggested Pack List** for The 36th Annual Growing Together Weekend:

- SLEEPING BAG AND/OR BLANKETS AND PILLOW • FLASHLIGHT
- CLOTHES FOR WARM DAYS AND COOL NIGHTS • MEDICATION (to be turned into 1st aid) • SWIM SUIT (pool open during Easy Does It time) • TOWELS (shower & swimming)
- SUNSCREEN • BUG REPELLENT • TOILETRIES • SNACKS

**TENTATIVE SCHEDULE FOR FRIDAY**

Registration and Check in.....	5:30 to 7:30 PM
Kick-off Meeting.....	8:00 to 9:00 PM
Slide Show and Activities.....	9:30 to 1:00 AM

PLEASE DO NOT ARRIVE BEFORE 5:30 PM. IF YOU ARRIVE EARLY, YOU WILL BE ASKED TO LEAVE BY WESTMINSTER WOODS STAFF.

\*\*\*DINNER WILL NOT BE SERVED FRIDAY NIGHT, SO PLEASE EAT BEFORE YOU REGISTER.\*\*\* \*\*\*PLEASE FEEL FREE TO BRING SNACKS TO SHARE\*\*\*

\*\*\*There's no cell service or open wifi. There is a pay phone at the Main office\*\*\*

**MAIL THIS PAGE (front and back)**

36th ANNUAL GROWING TOGETHER WEEKEND REGISTRATION

**Please write clearly, if I can't read it, I can't verify your registration**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SEX: \_\_\_\_\_ IDENTIFYING: \_\_\_\_\_ AGE: \_\_\_\_\_

Are you a Certified Alateen Sponsor? Y N Certification # \_\_\_\_\_

Do you prefer vegetarian meals? Y N Any Food Allergies? \_\_\_\_\_

How many prior Growing Together Weekends have you attended? \_\_\_\_\_

**ALL REGISTRANTS MUST SIGN THE FOLLOWING:**

The undersigned agree(s) to hold Westminster Woods, Al-Anon and Alateen Family Groups, and Growing Together Weekend harmless from any injury, loss or damage of any nature whatever including, but not limiting, the body or any property, and the undersigned agrees to assume full responsibility for any such injury or damage.

ALL REGISTRANTS MUST SIGN: \_\_\_\_\_

**IF REGISTRANT IS UNDER 18, A LEGAL GUARDIAN MUST SIGN:**

I hereby grant permission for \_\_\_\_\_ to travel and take part in the 36th Annual Growing Together Weekend to be held at Westminster Woods, Occidental, California on May 4th, 5th & 6th , 2018.

**\*AUTHORIZATION AND CONSENT FORM FOR TREATMENT OF A MINOR**

In case of an emergency, (I), (We), the undersigned parents (guardians) of \_\_\_\_\_ a minor with date of birth on \_\_\_/\_\_\_/\_\_\_, do hereby authorize Growing Together Weekend Committee to authorize necessary medical or dental care for this child while he/she attends the Growing Together Weekend at Westminster Woods, California on the dates May 4th, 5th & 6th, 2018 as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is tendered under the general and special supervision of any licensed medical and/or dental professional or an individual working under the supervision of any licensed medical or dental professional (professional) regardless of location. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care that might be required and is given to provide authority and power to the aforementioned professional in the exercise of his best judgment that may be deemed advisable.

This authorization is pursuant to the provisions of the Civil Code of the State of California.

**Signatures:** Date: \_\_\_\_\_

Parent or Legal Guardian (sign): \_\_\_\_\_

Parent or Legal Guardian (print): \_\_\_\_\_

Witness other than parent or guardian (sign): \_\_\_\_\_

Witness other than parent or guardian (print): \_\_\_\_\_

Emergency Contact Names & Relationships:

Emergency Phone Number(s): \_\_\_\_\_ Alternate Phone Number(s): \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

(Include medicines such as penicillin, local anesthetics, aspirin, sulfa drugs or sedatives)

Please list any medication currently being taken: \_\_\_\_\_

Medical Insurance Information: Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Registration is on a first-come, first-served basis with a max of 185 spots available.**

**Registration Fees and Deadlines: \$179 - postmarked by April 1st, 2018**

**\$195 – after April 1st, 2018**

**REGISTRATION ENDS April 16th, 2018 \*there are no walk in registrations\***

**Send to: Jennifer Allyn P.O. Box 217 Livermore, CA 94551-0217**

**Payment Options: Cashiers Check or Money Order-made payable to "GROWING TOGETHER WEEKEND"**

**\*\*NO WALK-IN REGISTRATIONS WILL BE ACCEPTED - CALL IF YOU DON'T RECEIVE A CONFIRMATION ONE WEEKS PRIOR\*\* NO REFUNDS – NO EXCEPTIONS!!**

## SCHOLARSHIP DONATIONS:

Scholarships are to help Alateen and Al-Anon members that are attending the conference for their first time who may not be able to afford to pay their own way. This Weekend has helped to bridge the gap between Alateen and Al-Anon members. We hope to send many more new attendees to the Growing Together Weekend this year. In the past, we have been able to help many Alateen and Al-Anon members with partial scholarships and would like to carry on this tradition of helping first timers make it to this wonderful Weekend. We are asking Alateen and Al-Anon groups and individual members for donations. Please know that every little bit helps. Thank you,

Growing Together Weekend 2017 Committee

ENCLOSED IS A GIFT IN THE AMOUNT OF \$\_\_\_\_\_ TO BE  
DONATED TO THE GROWING TOGETHER WEEKEND SCHOLARSHIP  
FUND.

Name: \_\_\_\_\_

### SCHOLARSHIP REQUESTS

Partial scholarships are available for First Time Attendees of Growing Together Weekend first then on a first-come, first-served basis. You must request your scholarship before April 1st.

Please text for more information or to request a scholarship contact: Jen A. – 925-525-8900 or email [jennifer.binkerd@gmail.com](mailto:jennifer.binkerd@gmail.com) Deadline is April 1st to request a scholarship from GTW

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A22-7 TRAVEL AUTHORIZATION

Rev: 20050212

To Be Carried While Traveling To and From Any Alateen/AI-Anon Event

<b>Driver/Adult</b>	<b>Minor</b>
Full Name:	Full Name:
Address:	Address:
City, St, Zip:	City, St, Zip:
Phone:	Phone:

I do hereby authorize the driver listed above to transport the minor listed above to and from the destination listed.

DESTINATION: \_\_\_\_\_

Authorized signature by parent or legal guardian, Phone, Date

**CONSENT TO TREATMENT OF A MINOR**

In case of an emergency, (I), (We), the undersigned parents (guardians) of the minor listed above, with date of birth on \_\_\_/\_\_\_/\_\_\_, do hereby authorize the ADULT listed above as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care which is deemed advisable by, and is tendered under the general and special supervision of any licensed medical and/or dental professional or an individual working under the supervision of any licensed medical or dental professional (professional) regardless of location.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care that might be required and is given to provide authority and power to the aforementioned professional in the exercise of his best judgment that may be deemed advisable.

This authorization is pursuant to the provisions of the Civil Code of the State of California.

This authorization shall remain effective for one year from January 1st through December 31st, 20\_\_\_, unless revoked sooner in writing and delivered to said agent.

Signatures: Date: \_\_\_\_\_

Parent or Legal Guardian (sign): \_\_\_\_\_

Parent or Legal Guardian (print): \_\_\_\_\_

Witness other than parent or guardian (sign): \_\_\_\_\_

Witness other than parent or guardian (print): \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

(Include prescription and over-the-counter medicines such as penicillin, local anesthetics, aspirin, sulfa drugs or sedatives)

Please list any medication currently being taken: \_\_\_\_\_

Medical Insurance Information: Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

ANYONE USING ANY MEDICATION MUST REPORT THIS INFORMATION TO THE DRIVER UPON ENTERING THE VEHICLE

## **DIRECTIONS**

From the south –

Driving north on 101, take the Cotati exit that says "Highway 116 West" (5 miles past 116 East).

At the light, turn left. You are now heading west on Highway 116.

Go through the town of Sebastopol, following the signs to stay on Hwy. 116.

After you leave the town of Sebastopol, you will drive through the country for about 3 miles to a stoplight at Occidental Road. Turn left.

Travel another 7 miles until the road ends in Occidental at Bohemian Hwy.

Turn right.

Travel about 4 more miles. Westminster Woods is on the left just past Alliance Redwoods.

If you see Mt. Zion Camp, you have gone too far.

The address is 6510 Bohemian Hwy. The telephone number is 707-874-2426.

From the north –

Driving south on 101, take the Santa Rosa exit for Guerneville Road.

Turn right at the light. You will now be on Guerneville Road.

Go through Santa Rosa and head out into the country until the road ends at Hwy. 116. Turn left.

Go about 1 mile to a stoplight at Occidental Road. Turn right.

Travel another 7 miles until the road ends in Occidental at Bohemian Hwy.

Turn right.

Travel about 4 more miles. Westminster Woods is on the left just past Alliance Redwoods.

If you see Mt. Zion Camp, you have gone too far.

The address is 6510 Bohemian Hwy. The telephone number is 707-874-2426.

From Sacramento –

Take Highway 80 to Vallejo. Go west on Highway 37 to Highway 101 North, just south of Novato. Follow the directions above for coming from the south.