

AL-ANON 2024 CONVENTION REGISTRATION FORM

Area 60 West Virginia July 26 and 27 2024

Reserve Room by June 25 Register by July 15

Loving the Gifts of Al-Anon:
FUN, FELLOWSHIP & FAMILY



Join us at the beautiful  Resort in Wheeling, WV!
You don't want to miss this event!!!

OGLEBAY RESORT RESERVATIONS

For Group Rate: Reserve by June 25

Note: Saturday night is available at the same group rate!!

Live Link to Reserve Room:

[ALANON District #6 07.26.24 49931](https://book.rguest.com/wbe/group/616/Oglebay-Resort/auth?BookID=49931)

To manually type in the link, use

<https://book.rguest.com/wbe/group/616/Oglebay-Resort/auth?BookID=49931>

**Group Access: Group ID: 49931
 Password: 936078320**

Telephone: 304-243-4000

SATURDAY LUNCH CHOICES

Please choose 1



Roast Beef, Provolone, Lettuce, Tomato, Fried Onion
on French Baguette



Roast Turkey, Cranberry Mayo, Butter Lettuce, Tomato
on Brioche



Roasted Vegetable Pita, Onion, Hummus, Feta Cheese

All lunches include Kettle Chips, Cookie, Bottled Water

Name _____

Address _____

City _____ State _____ Zip _____

Please indicate Contact Preference

Email _____ 

Phone _____ 

Text _____ 

ALATEEN NOTES

- Will be 12 years of age AND accompanied by a Parent or certified Alateen Sponsor.
- Will submit Registration Form with \$25 Fee.
- Will fill in an Alateen Medical Release Form (see next page). Send **COPY** of it with Registration Form. The **ORIGINAL** must be presented by Sponsor at Registration.
- For more information, contact Marti S at 304-281-7035 or mstarkey0509@gmail.com.



**PLEASE BRING GROUP
RAFFLE BASKETS**



Pick up Registration Packets/drop off Raffle Baskets in the Alleghany Room: Friday >3:00p or Saturday >8:00a

Registration Fee is \$50 And must be received by July 15, 2024

Please Make Your Check or Money Order Payable to:

West Virginia Area Convention

Mail your Registration Fee, and this completed form, to:

Carolyn, PO Box 150, Valley Grove, WV 26060

Alateen Medical Release Form

This Document must be submitted prior to the event.

Check one

I will accompany my child/Alateen (between the ages of 12 and 18) to the event. Please enter the child's name accompanying parent name, contact information, sign, date and return. The rest of the information is not required as long as I am providing the transportation and present at the event.

I/We (parent) cannot attend the event. My child (between the ages of 12 and 18) will be accompanied by a Certified Sponsor. Please be sure the accompanying Certified Sponsor/Al-Anon Member Involved in Alateen Service carries a copy of this signed document to the event. Should the individual sponsor be unable to attend, I will complete and submit a new form and provide 2 copies to the named sponsor for check-in at the event.

TO WHOM IT MAY CONCERN: This document will authorize:

_____, Certified Sponsor/Al-Anon Member Involved in Alateen Service to:
consent and authorize any physician or hospital to provide medical and/or dental treatment or care including but not limited to surgery and to the administration of prescription medications for my child:
_____(name) while he/she is en-route to/attending/returning from:
_____(event). I hereby consent, authorize any such medical/dental care, and will assume all financial obligations.

Parent/Guardian name (Please print: _____
First name Middle initial Last Name

Street Address: _____

City: _____ State _____ Zip _____

Phones: work (____) ____ - _____ home (____) ____ - _____ cell (____) ____ - _____

Parent/Guardian Signature: _____ Date: _____

Medical insurance: Yes__ No__ If yes, Company Name _____

Policy # _____ Address: _____

Dental insurance: Yes__ No__ If yes, Company Name _____

Policy # _____ Address: _____

My son/daughter is carrying with him/her the following prescriptions _____

My son/daughter is allergic to _____

Original to individual sponsor accompanying the Alateen

1 copy to the event registration