NORTH EASTERN OHIO FELLOWSHIP OF THE SPIRIT

Sponsored by Barberton Friday Night Group
PRESENTS:
AA Keynote Speaker:
Dave Rudduck
from Seattle, Washington

:::::::::::::::::::::::::::: **May 3rd-May 5th, 2024** ::::::::::::::::::::::::::::::

An open 12 Step Retreat for Men and Women: 5:00pm Friday through Noon Sunday
$165 per Person – Includes 2 nights lodging (bring pillow, linens, blanket, sleeping bag & towels) meals, beverages & snacks all weekend. Please notify by registration deadline below of special needs or accommodations.

:::::::::::::::::::**REGISTRATION ENDS: May 2nd, 2024**:::::::::::::::::::::::::
PLEASE REGISTER NOW! NO WALK-INS PLEASE!
IN THE TRADITION OF OUR FOUNDERS - BRING YOUR BIG BOOK.
Located in the beautiful Wanake Camp & Retreat Center 9463 Manchester Ave SW Beach City, OH 44608– Moody Retreat Center.
Questions? Please Contact Committee Members:
Registration Chairs: Youngstown/Dayton/Akron:
Kevin P. 330-559-0065-Youngstown   Michelle Y. 330-573-1249-Akron
Mike B. 937-451-7175- Dayton   Jeff C. 330-813-8338- Akron
PAYMENT **MUST** ACCOMPANY THIS REGISTRATION

Option 1: Venmo: Send money electronically through Venmo to @FOTS-NEohio. Use the numbers 7175 to verify Mike B.'s phone number if Venmo prompts you. When paying please leave a note about whose registrations you are paying for and a note if you are making a donation with your payment. Email your registration to fotsneohio@gmail.com.
Option 2: *PLEASE MAKE CHECK(S) PAYABLE TO:* Kevin Parkin
MEMO line write: NEOH-FOTS 12 Step Weekend-Mail Payment & Registration Name(s)to:
Kevin Parkin P.O. Box #4344 Austintown, OH 44515
Mail-in Registration requires check payment ONLY.
Option 3: Zelle: Send money through this app to (330) 559-0065-please add a note stating whom/what it is for.
Option 4: Paypal- Make payment to raiders44224@yahoo.com - Add FOTS SPRING RETREAT- (Type Your Name) *In what's this for box*

Name: _____Total $ Enclosed: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____
Name on Tag (s):_____
Special Needs (including dietary needs)
_____