

REGISTRATION FORM Part 1 – Please FILL OUT BOTH SIDES

Your Name _____

Address _____

Phone _____ Email: _____

Clean Date _____ No of Steps _____

Special Dietary Needs (Gluten Free, Vegan, no Dairy, etc.)? _____

One Interesting fact about you for the “ Get to Know You” event: _____



- **Bring raffle donations** for the Saturday evening raffle – (gifts, crafts, NA memorabilia, etc) – **Proceeds go towards next year’s newcomer packages and to help lower the retreat package price!**
- **Bring a drum** or percussion instrument for the Saturday afternoon drum circle
- **Dinner on Friday at 6:00 pm**
- **Friday Meeting starts at 8:00**
- " Retreat facility accommodates **special dietary needs** – please list on registration form
- Committee provides water in 3-gallon jugs – **refill to your own (labeled) water container**
- **Check in 4:00 Friday afternoon NO EARLY ADMISSIONS**
- Check out no later than 2:00 on Sunday



* If you print this form, be sure to designate 2-sided printing, “flip on the short side”, and also “Landscape” orientation



18th Annual NA Women’s SFTH Sponsorship Weekend Retreat
Now Sponsored by:
Women with Hope NA Group
New Britain, CT
May 3 – 5, 2024
4:00 pm Friday thru 11 am Sunday
Incarnation Retreat Center
253 Bushy Hill Road
Ivoryton, CT 06442

A closed Narcotics Anonymous Women’s Event

- **NA speaker meetings**
- **Excellent Food**
- **Huge Raffle**
- **Drum Circle**
- **Comfortable rooms - includes bedding, towels**
- **Hiking trails on grounds**

**18th Annual NA Women's
SFTH Sponsorship
Weekend Retreat**

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**DEADLINE FOR
CHECKS
April 1 postmark, then
after that Money
Orders only**

- Rooms are assigned in order of receipt (by postmark)

**DEADLINE FOR
NEWCOMER
PACKAGE REQUESTS
March 11 postmark**

- Packages will be picked by lottery at the March 25 Committee Meeting

**Double or Triple
Bed Room
\$210/person**

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**Single Room
\$225/ person**

For more
information or to
join the committee
contact:

Registration Chair

Sue S

203-592-1072

or

Retreat Chair

Vicki S

203-823-0821

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**Registration Form
Part 2**

**FILL OUT BOTH SIDES, then
Detach this section & Mail to:**

**Straight from the Hip
P. O. Box 4033
Meriden, CT 06450**

Retreat Packages:

Room Type	Num.	Total
Single: \$225		\$
Double/Triple: \$210		\$
Newcomer Donation		\$

TOTAL \$ _____

**If you want a specific room we
will do our best – but NO
GUARANTEES! 1st come – 1st serve
Rm# _____**

Make out checks or Money Order to:
"Straight from the Hip"

After Apr 1st Money Orders only!!

NAME OF ROOMMATE(S):

- Do you need a newcomer package? _____
- Do you need handicap access?



REGISTRATION FORM Part 2 – Please FILL OUT BOTH SIDES