

**26th Annual 2008  
Growing Together Weekend**

**Al-Anon & Alateen**



**Westminster Woods  
Growing Together Weekend**

at

**Westminster Woods  
Occidental, CA**

**May 16<sup>th</sup>, 17<sup>th</sup>, & 18<sup>th</sup> 2008**

**REGISTRATION ENDS MAY 1<sup>ST</sup>, 2008**

**\$139 - postmarked by April 1<sup>st</sup>**

**\$149 - after April 2<sup>nd</sup> and received through May 1<sup>st</sup>, 2008**

**NEW!!! See our website for registration forms, Paypal links and updates**

**[www.geocities.com/woods2008/GTW.html](http://www.geocities.com/woods2008/GTW.html)**

# Guidelines

## 26th Annual Growing Together Weekend at Westminster Woods

1. Minimum age to attend is 12 years of age.
2. No co-ed sleeping in cabins and no sleeping in the meeting room. 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 without notifying two committee members before doing so.
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.
5. Participation is required for all meetings, events and functions during the weekend, this includes remaining with the group till all events are over. Exceptions can be approved by two committee members on an individual case by case basis.
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.
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. Anyone who deems it necessary to break these guidelines will be asked to leave at his/her own expense.

### Suggested Pack List for The 26<sup>th</sup> Annual Growing Together Weekend:

- SLEEPING BAG AND/OR BLANKETS AND PILLOW
- CLOTHES FOR WARM DAYS AND COOL NIGHTS
- SWIM SUIT (POOL OPEN DURING EASY DOES IT TIME)
- SUNSCREEN
- BUG REPELLENT
- ALLERGY MEDICATION
- FLASHLIGHT
- TOILETRIES
- TOWELS
- SNACKS FOR FRIDAY NIGHT (DINNER WILL NOT BE SERVED FRIDAY)

### 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 Talent Show.....9:30 to 12:30AM

**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.**

*“The Growing Together Weekend abides by the NCWSA Requirement for Alateen Member Safety.”*

**Any questions regarding the Growing Together Weekend please call:  
Melanie F. Chair, (408) 309-3623, or Pleas S. Co-Chair @ (707) 889.4000,  
Jennifer F. Registration @ (408) 892-3056,**

**Check our website out for updates, links for directions, registration forms and paypal!!!**

**26<sup>th</sup> ANNUAL GROWING TOGETHER WEEKEND  
REGISTRATION FORM**

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

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

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

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

Check here if  
you are  
Paying with  
PAYPAL

Do you prefer vegetarian meals? \_\_\_\_\_ 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 26th Annual Growing Together Weekend to be held at Westminster Woods, Occidental, California on May 16<sup>th</sup>, 17<sup>th</sup>, & 18<sup>th</sup>, 2008. I agree to the release of liability statement above.

**PARENT OR LEGAL GUARDIAN** \_\_\_\_\_

**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 16<sup>th</sup>, 17<sup>th</sup>, & 18<sup>th</sup>, 2008 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:

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

Registration is on a first-come, first-served basis with a max of 120 spots available.

**Registration Fees and Deadlines:**

**\$139 - postmarked by April 1<sup>st</sup> \$149 - after April 2<sup>nd</sup> to May 1st**  
**REGISTRATION ENDS May 1st, 2008**

**\*\*NO WALK-IN REGISTRATIONS WILL BE ACCEPTED -  
CALL IF YOU DON'T RECEIVE A CONFIRMATION 2 WEEKS PRIOR\*\*  
NO REFUNDS – NO EXCEPTIONS**

**Send to: GTW c/o Jennifer F.  
840 Meridian Way #81  
San Jose, CA 95126**

**Payment Options: Cashiers Check or Money Order-made payable to  
“GROWING TOGETHER WEEKEND” sent to the address above**

**\*\*\*\*\*NEW!!! Pay with PAYPAL using your checking account or  
credit card. \$50 deposit and full amount options are available.  
NOTE: in order to use paypal, an extra \$5 will be added for each  
transaction to cover the costs of using this service.\*\*\*\*\*  
Use our website, [www.geocities.com/woods2008/GTW.html](http://www.geocities.com/woods2008/GTW.html)**

***SCHOLARSHIP REQUESTS***

**Partial scholarships** available for First Time Attendees of Growing Together Weekend on a first-come, first-served basis.

**Deadline is March 31st to request a scholarship.**

Please call for more information:

Melanie F. Chair- 408-309-3623 or Jennifer F. – Registration @ 408-892-3056

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

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

You can also donate to our scholarship fund using paypal, see our website above!!

***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 Committee

**T-SHIRT ORDER FORM**

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

Quantity & size= \_\_\_\_\_ Medium \$15.00 \_\_\_\_\_ X-Large \$15.00  
\_\_\_\_\_ Large \$15.00 \_\_\_\_\_ XX-Large \$15.00

I wish to purchase \_\_\_\_\_ T-shirts and have enclosed \$ \_\_\_\_\_  
(Fill out and include with your registration.)

**Sign up now for**

**Growing Together Weekend's Talent Show!**

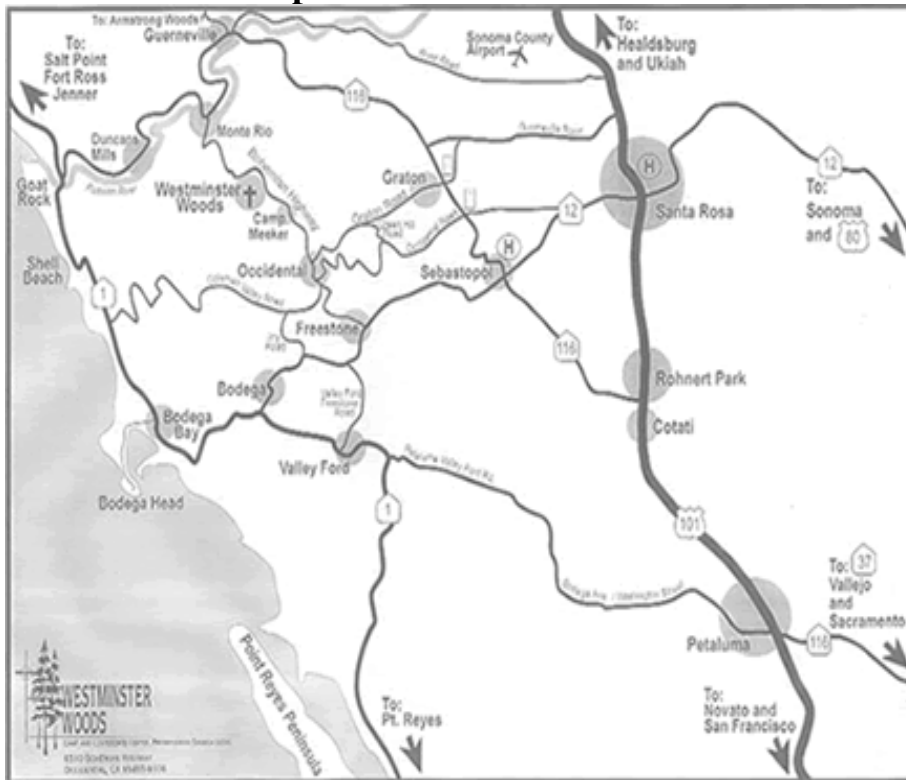
No talent necessary! Sing a song...Do a dance...Play some music...  
Do whatever you want!!!

Your name(s): \_\_\_\_\_

Name of your act: \_\_\_\_\_

Length of act (in minutes): \_\_\_\_\_  
(Fill out and send with your registration if you want to be involved.)

## Map to Westminster Woods



### 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.



**A22-7**

**TRAVEL AUTHORIZATION**

**Rev: 20050212 To Be Carried While Traveling To and From Any Alateen/Al-Anon Event**

**DRIVER - ADULT**

**MINOR**

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 1<sup>st</sup> through December 31<sup>st</sup>, 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

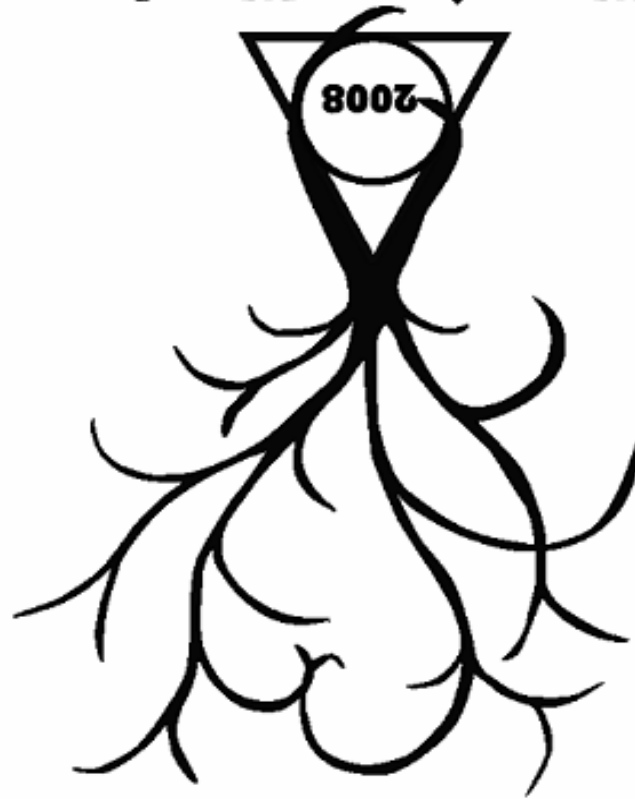
taken: \_\_\_\_\_

Medical Insurance Information:

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

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San Jose, CA 95126**