

WANTED



PARTICIPANTS

Program Of Sponsors Sharing Everything

**TEXAS EAST AREA 20TH ANNUAL ROUND-UP WEEKEND FOR
ALATEEN SPONSORS, ADULTS INTERESTED IN SPONSORING
AN ALATEEN GROUP AND DISTRICT AT COORDINATORS**

WHEN: MARCH 14, 15, 16, 2014

WHERE: DISCIPLES CONFERENCE CENTER, GONZALES, TX

**WHAT: THIS WEEKEND MEETS THE AREA REQUIREMENT FOR
CERTIFICATION/RECERTIFICATION OF ALATEEN
SPONSORS (AMIAS) – WORKSHOPS ON MEETING IDEAS,
SPONSOR RESPONSIBILITIES, GROUP PROBLEMS,
BOUNDARIES, STARTING NEW GROUPS, LITERATURE**

**COST: \$125.00 PER PERSON - Included in the cost is two nights lodging,
Saturday meals, Sunday brunch & registration.**

REGISTRATION MUST BE POSTMARKED BY March 01, 2014

Chairman: Lyn B.
ODATStep2@aol.com

Registrar: Anita C. – P.O.S.S.E.
PO Box 542283
Houston, TX 77254
etxposse@yahoo.com

20th Annual



Registration
Packet

TO: All East Texas Area Alateen Sponsors, District Representatives, District Coordinators, and adults 21 years of age or older who are interested in becoming sponsors. This is NOT a teen event.

FROM: **The P.O.S.S.E. Organizers**

SUBJECT: **The 20th Annual P.O.S.S.E.**

DATE: **March 14, 15, 16, 2014**

PLACE: Disciples Conference Center
673 Private Rd. 3381
Gonzales TX 78629

**8.3 miles
South of
Gonzales on
US Hwy 183**

COST: \$125.00 per person - includes two nights lodging 3 meals on Saturday and breakfast on Sunday — No meals will be served on Friday.

Make check or money order payable to: P.O.S.S.E.

MAIL REGISTRATION & PAYMENT TO: **Anita C. – P.O.S.S.E.**
PO Box 542283
Houston, TX 77254

etxposse@yahoo.com

REGISTRATION DEADLINE:

Postmarked no later than Friday, March 01, 2014

Refunds cannot be made but your registration is transferable.

WHAT TO BRING: Twin size sheets & blanket or sleeping bag
Personal hygiene items
Towels & shower shoes
Suntan lotion/sunscreen

Paper & pencils
Flashlight
Insect repellent
Pillow

Bring drinks for your personal consumption and snacks to share at the hospitality table. A refrigerator is available.

If you have an *Al-Anon/Alateen Service Manual, Alateen — Hope for Children of Alcoholics*, or any other Alateen literature, bring it with you.

THE 20th ANNUAL P.O.S.S.E. REGISTRATION FORM

Must be postmarked by March 01, 2014

NAME _____ SEX _____ DISTRICT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ E-MAIL ADDRESS _____

NEAREST RELATIVE'S NAME _____

RELATIONSHIP _____ PHONE (____) _____

DO YOU HAVE HOSPITAL & ACCIDENT INSURANCE? YES _____ OR NO _____

INS. COMPANY NAME _____ POLICY NO. _____

ANY KNOWN ALLERGIES? _____

ALLERGIC TO ANY MEDICATIONS? _____

ANY PHYSICAL DISABILITIES OR LIMITATIONS? _____

ANY RECENT ILLNESS OR INJURY? _____

NAME OF PHYSICIAN _____ PHONE (____) _____

PLEASE ANSWER THAT WHICH APPLIES TO YOU:

NUMBER OF YEARS IN AL-ANON _____ (A minimum of 2 years (24 months) is required before attendance at P.O.S.S.E. for it to count towards AMIAS certification.)

CURRENT ALATEEN SPONSOR? _____ HOW LONG? _____

GROUP NAME _____

ALATEEN GROUP MEETS AT AA OR AL-ANON CLUB? _____

ARE YOU A DISTRICT ATN COORDINATOR? _____ WHICH DISTRICT? _____

WERE YOU EVER IN THE ALATEEN PROGRAM? _____ WHERE? _____