

WANTED



PARTICIPANTS

Program Of Sponsors Sharing Everything

**TEXAS EAST AREA TWENTY-SECOND ROUND-UP WEEKEND
FOR ALATEEN SPONSORS, ADULTS INTERESTED IN
SPONSORING AN ALATEEN GROUP, AND DISTRICT ALATEEN
COORDINATORS**

WHEN: MARCH 18,19,20 2016

WHERE: DISCIPLES CONFERENCE CENTER, GONZALES, TX

**WHAT: WORKSHOPS ON: SETTING BOUNDARIES, ATTENDING
CONFERENCES, SPONSOR RESPONSIBILITIES, STARTING
NEW GROUPS, PROGRAM IDEAS, AVOIDING BURNOUT**

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

REGISTRATION MUST BE POSTMARKED BY March 04, 2016

Chairman: Norma Warnasch
16902 Berry RD
Pearland, TX 77584
281-850-5965
Norwar2000@yahoo.com

Registrar: Lynn Starkey
4846 Corian Springs Dr.
San Antonio, TX 78247
210-269-6664
etxposse@yahoo.com

Twenty-Second Packet



Registration

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 Twenty-Second P.O.S.S.E.

DATE: March 18,19,20, 2016

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:

Lynn Starkey
4846 Corian Springs Dr.
San Antonio, TX 78247
210-269-6664
etxposse@yahoo.com

REGISTRATION DEADLINE:

Postmarked no later than Friday, March 04, 2016.

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 TWENTY-SECOND P.O.S.S.E. REGISTRATION FORM

Must be postmarked by March 04, 2016

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:

CURRENT ALATEEN SPONSOR? _____ HOW LONG? _____

GROUP NAME _____

DOES ALATEEN GROUP MEET AT AA OR AL-ANON CLUB? _____

IS IT AN INSTITUTIONS ALATEEN GROUP? _____ WHERE? _____

DOES ALATEEN GROUP MEET AT SCHOOL? _____ WHERE? _____

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

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