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 RESPONSIBILTIES, 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.

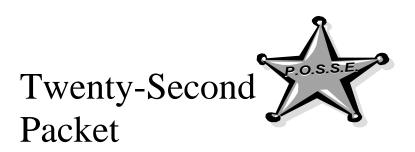
REGISTRATION MUST BE POSTMARKED BY March 04, 2016

Chairman: Norma Warnasch Registrar: Lynn Starkey

16902 Berry RD 4846 Corian Springs Dr. Pearland, TX 77584 San Antonio, TX 78247

281-850-5965 210-269-6664

Norwar2000@yahoo.com etxposse@yahoo.com



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 8.3 miles

673 Private Rd. 3381 South of Gonzales TX 78629 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

Paper & pencils

Personal hygiene items
Towels & shower shoes

Flashlight
Insect repellant

Suntan lotion/sunscreen Pillow

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

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

Must be postmarked by March 04, 2016

NAME		_SEA	DISTRICT
ADDRESS			
CITY	STATE	ZIP	
PHONE ()	E-MAIL ADDRES	SS	
NEAREST RELATIVE'S N	AME		
RELATIONSHIP	PHO	NE ()	
DO YOU HAVE HOSPITA	L & ACCIDENT INSURA	NCE? YES	OR NO
INS. COMPANY NAME		_POLICY NO.	
ANY KNOWN ALLERGIE	S?		
ALLERGIC TO ANY MED	ICATIONS?		
ANY PHYSICAL DISABLI	LITIES OR LIMITATION	IS?	
ANY RECENT ILLNESS O	R INJURY?		
NAME OF PHYSICIAN		_PHONE ()
PLEASE ANSWER THAT	WHICH APPLIES TO YO	<u>U:</u>	
CURRENT ALATEEN SPO	ONSOR?HOW	LONG?	
GROUP NAME			
DOES ALATEEN GROUP			
IS IT AN INSTITUTIONS A	ALATEEN GROUP?	_WHERE?	
DOES ALATEEN GROUP	MEET AT SCHOOL?	_WHERE?	
ARE YOU A DISTRICT AT	IN COORDINATOR?	_WHICH DIST	TRICT?
WERE YOU EVER IN THE	E ALATEEN PROGRAM?	WHER	RE?