

11th Step Retreat For AA / Al-Anon

October 18-20, 2024

DaySpring Conference Center-(Map on Reverse) Ellenton, FL
The Center is in compliance with CDC guidelines.

In person retreat for those who are vaccinated.

Online Registration: <http://11thstepretreat.org>

Come get away from it all and enjoy the fellowship of an AA / Al-Anon spiritual retreat in peaceful, country surroundings. The retreat will center on God, as we understand Him "The spiritual life is not a theory, we have to live it." (Big Book pg. 83) The discussion will center on Steps 2, 3, 7, 10, 11, & 12, complying with the suggestion of step 10 of AA: "Many of us go in for annual and semi-annual house cleanings. Many of us also like the experience of an occasional retreat from the outside world where we can quiet down for an undisturbed day or so of self-overhaul and meditation." (12 & 12 pgs. 89, 91)

Sleeping accommodations are air-conditioned, cabin & dorm style with shared bathrooms; 12 comfortable bunk beds per room. We suggest you bring a lawn chair or campstool for outdoor relaxation and meditation. Also bring your Big Book, 12 & 12, a flashlight, and bug spray is optional. Cost includes meals, coffee, water, and snacks. Smoking permitted ONLY in designated area. The center provides nature trails along the river for reflection and meditation.

When: October 18-20, 2024 - Dinner 6 PM Friday to Lunch Sunday Noon

Cost Per Person:

Bunk: \$195.00 (Dorm) **Semi-Private:** \$263.00 (Cabin)

Money is transferable but not refundable.

Deposit: \$95.00 deposit required for advanced registration. **Balance due by September 15, 2024**

Make check payable to:

11th Step Retreat

Send check to: PO BOX 10202

St. Petersburg, FL 33733

Info Patti Estelle: 727-483-2448

VENMO/PAYPAL Available

For More Information:

<http://11thstepretreat.org>

Jennifer A.	Coldwater, MS	727-510-0428
Tom B.	Tampa, FL	813-951-5740
Jennifer K.	St Petersburg, FL	727-692-3612



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Please print name clearly and return with deposit or full payment

(Circle appropriately)

Male / Female

AA / Al-Anon

Name: _____ Address: _____

City, State, Zip: _____ Phone: _____

Email: _____ * Sober/Serenity Date: _____

(Circle appropriately)

* Over 60: Yes/No * Snore? Yes/No *Do You Smoke/Vape? Yes/No *Covid19 Vaccinated? Yes/No

Name your significant other if attending (Room assignments will be separate) _____

Physical Issues: _____ Dietary need: _____ Payment: \$ _____