



TRUSTING ourselves

**37th Annual 2010 Tennessee Al-Anon/Alateen Convention with AA Participation
July 30th, 31st, and August 1st, 2010**

at the Knoxville Airport Hilton, 2001 Alcoa Hwy. Alcoa, Tennessee 37701

Ask for **TNAFG** rate \$92 + tax. (865) 970-4300, 1-800-HILTONS, www.knoxvilleairport.hilton.com

REGISTRATION FORM (One form per person please)

KEY EARLY Registration Fee is \$15 if received by July 9th, \$20 after July 9th, Alateens free.

KEY Fellowship Feast is \$25. (There is an optional Vegetarian Meal). Convention and Hotel reservations must be made separately.

KEY Cost of our meeting space is dependent on us having 80 guest rooms for the weekend and a Fellowship Feast for 100 people.

Fellowship Feast **Meal \$25** Fellowship Feast **Vegetarian Meal \$25** **Amount enclosed \$** _____

Check One: Al-Anon AA Alateen*

*Alateens MUST be accompanied by an adult with a signed Alateen permission form (On the Back on this Page).

Please Print

Name _____

Name on Name Tag _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

For E-mail Confirmation _____

I Will Help With: *Check as many as you want!*

Publicity Fun Fund Raising

Hospitality Literature

Workshops Entertainment

Readings (open / close meetings)

Welcome Registration

Mail Convention Registration(s) & checks to: Convention 2010, 8612 Sandhurst Drive; Knoxville TN 37923.
Make checks payable to: Convention 2010.

TENNESSEE AREA 52 ALATEEN PERMISSION FORM

Alateens must be accompanied during this event by parent or another responsible adult.

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ALATEEN'S PERSONAL INFORMATION

NAME	AGE
NAME TO BE PLACED ON BADGE	
ADULT ACCOMPANYING ALATEEN AT EVENT	
MEDICATIONS OR PERSCROPTIONS	
ALLERGIES TO MEDICINE OR FOOD	
OTHER SPECIAL NEEDS & CONSIDERATIONS necessary.	Use back of this form or attach another sheet if necessary.

PARENT/LEGAL GUARDIAN INFORMATION

NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE: HOME	WORK	CELL
RELATIONSHIP TO ALATEEN		

PARENTAL CONSENT

As the parent/legal guardian, I have reviewed the information concerning the above named event and I give permission for _____ to attend. As parent/legal guardian I authorize emergency medical treatment for the child named above in the event that I cannot be reached. I agree, should it become necessary to incur any medical expense as a result of illness or injury, I will accept full responsibility for such expenses.

I hereby release and discharge the Al-Anon/Alateen Family Groups, their representatives, the Alateen Sponsor and the selected responsible adult from any and all liability which may result from any injury or illness sustained by my child from any cause whatsoever in connection with this trip, including transportation to and from all related activities.

Further, I believe that this Alateen is physically and mentally capable of taking reasonable precautions to protect their own safety and has the maturity and judgment not to put themselves or others in dangerous situations.

Signature

date