Southern Indiana Area 23 General Service Weekend
Friday to Sunday, October 1, 2 & 3rd 2010
Clifty Inn, Clifty Falls State Park, Madison, Indiana

Share a weekend of workshops, meetings and fellowship followed by the Area 23 Assembly on Sunday. Learn more about being a General Service Representative (GSR) or District Committee Member (DCM).

Park entry fee: $5.00 per car – pay at the gate. Registration fee: $20.00 per AA member
No registration fee for attending the Sunday Assembly only.

Room rates for two nights, both Friday and Saturday: includes 6 meals
1 per room $234 2 per room $164/person
3 per room $144/person 4 per room $130/person
Four suites are available for an additional $62.00 per night plus the per person charge.

Reservations for Saturday only (at one-half the above rates) will be opened up as of Sept. 1, if rooms are available.
Meal tickets can be purchased by those not staying at the Clifty Inn.
'Ice Cream Social' tickets are $5.50 per night'
Please note: Check out time at the Clifty Inn is noon on Sunday.
An extra day's rate is charged if room keys are not returned by noon.

Camping facilities are available at (866) 622-6746 or www.camp.in.gov. No pets allowed.

To reserve a space, pay one-half of the total room rates with the registration form.
Complete room fees plus registration fee must be paid in full by Sept. 1, 2010.
No refunds after September 19, 2010.

Make checks payable to "Southern Indiana Area 23."
Mail to: David Henry 1035 High St. Indianapolis, IN 46225

Contact: Jeff Dillmon, (317) 657-6468, jdillmon@yahoo.com
Registration Chair: David Henry, (317) 319-9191, david_henry24@yahoo.com

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Registration Form

Please list all persons who will be staying in the same room.
Request a "smoking room" in the special needs area below. First come first served.
Clifty Inn charges a $100 cleaning fee for smoking in a non-smoking room.

Special Needs: _____

_____ _____
Name *Street Address* *City, State, Zip*
AA ____ Al-Anon _____ Phone_____ e-Mail _____

_____ _____
Name *Street Address* *City, State, Zip*
AA ____ Al-Anon _____ Phone_____ e-Mail _____

_____ _____
Name *Street Address* *City, State, Zip*
AA ____ Al-Anon _____ Phone_____ e-Mail _____

_____ _____
Name *Street Address* *City, State, Zip*
AA ____ Al-Anon _____ Phone_____ e-Mail _____

Amount of Check enclosed for registration(s) _____, + ½ or total room rate____ + Ice Cream Social(s) ____=_____