

**42<sup>nd</sup> Annual Indiana State AFG Convention**  
**“Waves of Change – Oceans of Miracles”**  
**April 7, 8, & 9, 2017**

**Location:** Blue Gate Garden Inn  
 800 South Van Buren Street  
 Shipshewana, IN 46565  
 1-800-545-4725  
[www.bluegateinn.com](http://www.bluegateinn.com)

**Ref:** AFG (when booking rooms)  
 Room block guaranteed until March 17, 2017  
 Single \$89.99 + 12% tax  
 Double \$89.99 + 12% tax  
 Suite \$107.99 + 12% tax

**\*\*all rooms include coffeemaker, microwave, fridge and free WIFI\*\***

**Workshops:**

- \*Earlybird Meeting
- \*My Lighthouse:  
 Step 11 - Knowing God, Knowing Yourself
- \*Don't Rock the Boat:  
 Finding Balance
- \*The Unconditional Love Boat

**Speakers:**

- Tammy B. – Monkton, MD (AFG)
- Keaton H. – Frankton, IN (Alateen)
- Kim H. – Muncie, IN (AA)
- Jenny K. – Middletown, IN (AFG)
- Katherine S. – Anderson, IN (AFG)
- Barbara W. – Columbus, OH (AFG)

Registration Opens: Friday at 3 pm and Saturday at 8 am

*REGISTRATION FORM (one per person)*

FULL NAME \_\_\_\_\_ PREFERRED BADGE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ E-MAIL \_\_\_\_\_

I am a member of: Al-Anon \_\_\_\_\_ Alateen \_\_\_\_\_ AA \_\_\_\_\_  
 Is this your first convention? YES \_\_\_\_\_ NO \_\_\_\_\_

Convention Registration Fee	\$25			
Alateen Only (Free)	\$0			
Saturday “Farmer’s” Box Lunch	\$10	Ham _____	Turkey _____	Veggie _____
Saturday Night “Amish Buffet”	\$29			
<b>TOTAL:</b>	\$ _____	(including registration, lunch and buffet)		

**Make checks payable to: 2017 AFG CONVENTION**

**Mail completed form and check by March 17, 2017 to:**

**Indiana 2017 AFG Convention**  
 2832 West 12<sup>th</sup> Street, Anderson, IN 46011

For Additional Information contact: [2017ConvChair@indiana-al-anon.org](mailto:2017ConvChair@indiana-al-anon.org) *Alateen parental form on reverse side*

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**Camping Facilities nearby:**  
Shipshewana Campground South Park  
1105 S Van Buren St  
Shipshewana, IN 46565  
260-768-4669

**2017 AFG Alateen Convention Parental Consent Form**

**Parent:** please read this consent form carefully then complete, date and sign.

**Teen:** This form must be presented to the AI-Anon State Convention officials with your registration form prior to taking part in any convention activities.

**Parental Note:** The undersigned parent/legal guardian of the teen listed here, hereby grants to the AI-Anon State Convention at 800 South Van Buren St Shipshewana IN 46565 while the convention is in session, the right to discipline such teen through any lawful means necessary to assure appropriate behavior is accordance with such uniform rules as the convention committee may agree to be responsible for, and save the committee harmless with respect to charge by the teen for room, board or any damaged rooms or property done by him/her.

Teens Name: \_\_\_\_\_

Home Number: \_\_\_\_\_

Parents Cell Number: \_\_\_\_\_

Teen has medical insurance YES \_\_\_\_\_ NO \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_

Regular Medication if any \_\_\_\_\_

I further designate \_\_\_\_\_ or \_\_\_\_\_

As my lawful attorneys for the child above named in cases or accident or emergency, as fully as I myself do, releasing such person(s) from any liability in accordance with this document on behalf at the time.

I certify my legal authority to execute this document on behalf of the above named child,

Printed Parent Name \_\_\_\_\_

Signed Parent Name \_\_\_\_\_

Date: \_\_\_\_\_