



PALM COAST AREA

Presents

The 33rd Annual Spiritual Retreat

"Spiritually Rooted"

January 19th-22nd, 2023



"Riverside Camp and Retreat Center" – Fort Denaud, Florida

**** Narcotics Anonymous is not affiliated with the Riverside Camp and Retreat Center****

**FOUR DAYS of WORKSHOPS – SPEAKERS – SPIRITUALITY
FELLOWSHIP – RECOVERY – FUN – FOOD**

Total four (4) day registration fee: \$200 – includes lodging and meals.

Pre - Registration is *REQUIRED*, Lodging is limited to 120 people

Register via form below or electronically @ <https://form.jotform.com/221297602795160>

***** No registrations will be accepted after January 6, 2023.*****

**Riverside Camp and Retreat Center
7305 Fl-78
Fort Denaud, Florida 33935
flriverside.org**

**CAMP OPENS AT 4:00 PM THURSDAY 1/19/23 & CLOSSES
AT 12:00 PM SUNDAY 1/22/23
CHILDREN AND PETS ARE PROHIBITED FROM THE
RETREAT.**

SLEEPING IN CARS OR TENTS IS NOT PERMITTED.

For more information call:

Registration Chair – Mickey (561) 906-9066 or

Retreat Chairperson – Gail N. (443)722-8900

Visit our webpage for more information at

<https://sites.google.com/view/palmcoastnaspiritualretreat/retreat-information> or email retreat@palmcoastna.org



----- Detach & Mail -----

Number of Registrants _____ @ \$200 per person = \$_____

Scholarship/Newcomer Donation \$ _____

Total Amount Paid \$ _____

Paid via: Check or Money order made out to *Palm Coast Area Spiritual Retreat*

Cashapp: \$PCASpiritualRetreat (*NA is not affiliated with the digital platform*)

If paying digitally, please include your name, # of registrations, phone # and email. Once registration form is complete and sent in, you will receive confirmation of registration.

Scholarship Request _____ **Financial/Spiritual Need may apply for Scholarship**

Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Male Female GN* * We will have a gender neutral cabin available in order to maintain the spirit of the 3rd tradition and to remain inclusive to all addicts

Willing to be of service? Chair Share Clean Date ____/____/____ Meal Preference: Regular Vegetarian

If registering for more than one person, please list other names:

Name: _____ M / F / Other Chair Share

Clean Date ____/____/____ Meal Preference: Regular Vegetarian

Name: _____ M / F / Other Chair Share

Clean Date ____/____/____ Meal Preference: Regular Vegetarian

Registrations can be donated/transferred to another registrant. **NO REFUNDS WILL BE ISSUED**

Send form to: PCASC Spiritual Retreat, PO Box 20905, West Palm Beach, FL. 33416