



PALM COAST AREA

Presents

The 33rd Annual Spiritual Retreat

“Freedom from Ourselves”

January 18th-21st, 2024



“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: \$240 – includes lodging and meals.

Pre - Registration is *REQUIRED*, Lodging is limited to 130 people

If you register electronically, you can pick your cabin and bed at <https://form.jotform.com/230918915174057>

***** No registrations will be accepted after December 31, 2023.*****

Riverside Camp and Retreat Center

7305 Fl-78

Fort Denaud, Florida 33935

flriverside.org



**CAMP OPENS AT 1:00 PM THURSDAY 1/18/24 & CLOSSES
AT 12:00 PM SUNDAY 1/21/24**

Separate cabins for all genders. Bring your own towels, bed linens and toiletries, closed-toe shoes, and flashlights (all else provided).

**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 – Jackson (561)578-9072

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

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

Number of Registrants _____ @ \$240 per person = \$ _____

Scholarship/Newcomer Donation \$ _____

Total Amount Paid \$ _____

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

Scholarship Request _____ **Financial/Spiritual Need may apply for Scholarship. If you are requesting a scholarship, please submit a letter to retreat@palmcoastna.org**

Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Male Female * Other * 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 NO REFUNDS WILL BE ISSUED

Send form to: PCASC, PO Box 20905, West Palm Beach, Fl. 33416