

Tidewater Intergroup of OA

COME to YOUR . . . “FAMILY REUNION”
BEACH RETREAT 20!



In honor of the Beach Retreat's 20th Anniversary, you are invited to Your "FAMILY REUNION." FAMILY is not just the one into which we are born. FAMILY is found in the care, concern, and the special bonds we have built over the years—20 Years, and counting! If you haven't been to a Beach Retreat yet, this is your chance to join the Beach Retreat FAMILY. Together we gain new strength and courage to recover from this disease.

You are not alone! Please join us at the beach. You'll experience recovery, while we celebrate the "FAMILY REUNION" Beach Retreat 20! Your 20th, promises to be an unforgettable Beach Retreat!



March 23-25 2012
Holiday Inn & Suites,
North Beach
3900 Atlantic Avenue
Virginia Beach, VA 23451



Beach Retreat 20

Registration Deadline— March 9, 2012

Occupancy	Per Person Cost
Single	\$ 295
Double (1 King)	\$ 210
Double (2 Queen)	\$ 210
Triple	\$ 175
Quadruple	\$ 155
Day Tripper	\$ 80
Saturday Banquet only	\$ 40

Per Person Cost includes:
 2 nights Ocean view room w/balcony,
 microwave, & refrigerator. Breakfast,
 Lunch, & Banquet on Saturday.
 Breakfast on Sunday.

Day Tripper includes all
 meetings and Saturday
 Banquet.



- ⇒ **All registrations must be made using the form below and sent to Estelle A., address below.**
- ⇒ **Payment Option: Pay 50% now, 50% later. The 2nd payment MUST be Postmarked by March 9th.**
- ⇒ **\$25 Late Fee for any payment (full or partial) received after March 9, 2012. No refunds (for full or partial) after March 9, 2012. No onsite registration. Do NOT send registration & checks to Holiday Inn.**

For more information regarding the Beach Retreat 20, please contact:

Estelle A (757) 539.2657 est731@aol.com
 Laurie O (757) 375.3304 laurie.oleary26@yahoo.com
 Maura Z (757) 394.1118 koala3bears@hotmail.com
 Susan K (757) 461.0180 susan.kosiek@cox.net

Please PRINT CLEARLY and return with payment

Please check one: Single Double (1 K) Double (2 Q) Triple Quadruple Day Tripper

Name _____

Address _____ City _____ State _____ Zip _____

Phone(s) _____ or _____ Email _____

Roommate #1 _____ #2 _____ #3 _____

Roommate #1 Phone _____ Email _____

Roommate #2 Phone _____ Email _____

Roommate #3 Phone _____ Email _____

Please find a Roommate for me (Doubles Only)

Special Needs (Check all that apply): Vegan Handicap Accessible

All Rooms Non Smoking



Send check payable to OA and completed Registration Form to:
 Estelle A., 1104 Pitchkettle Farm Lane, Suffolk, VA 23434



YES, Contact me, I would like to give Service