Statter/Gini Retreat for Women

LOCATION: **St. Francis Retreat Center**
703 East Main Street
DeWitt, Michigan 48820

2027 Retreat Dates:
April 30 – May 2
August 6-8
November 5-7

DATE: **February 5-7, 2027 with Jennifer Martin**

ELIGIBILITY: Retreats are open to women in AA, Al-Anon, and others whose life has been affected by alcohol. The retreat is strictly non-denominational.

REGISTRATION: You are urged to return your reservation immediately upon receipt of this letter. Reservations are filled on a **FIRST COME** basis and are limited to 49 participants.

COST: The cost of the retreat is $180.00 with a deposit of $ 90.00 to be returned with the Reservation form (below). ***Accepted forms of payment are check or cash – no credit or debit cards.*** The cost includes: private room, bed, bath, linens, and six meals. Reservations may also be obtained for "Saturday Only" participants, at the cost of $100 per person. Please indicate if Saturday only. If you are staying offsite, but participating all weekend, the cost is $100. No refunds for cancellations less than 7 days prior to retreat. The retreat will end with lunch on Sunday (approx 1:30pm). Dress comfortably.

FRIDAY: Registration **starts at 4:00 pm** with dinner served at 6:30 pm. First Conference is at 7:30pm

NOTE: Please bring a raffle item, if possible. All proceeds from the raffle go toward scholarships. Bring a snack to share if you wish, some will be provided.

QUESTIONS: Call the following member of the retreat committee:
June Olson (734)-654-7933, (734)-765-4204

CONFIRMATION: Due to the high cost of postage, confirmation is not sent. **NO WORD IS GOOD - YOU ARE IN!!!!** If the retreat is full, you will receive your check back. If you need confirmation, enclose a self-addressed, stamped envelope. Flyer for the upcoming retreat will be mailed two weeks after the close of this retreat.

CUT AND RETURN THIS BOTTOM PORTION TO:
(Make checks payable to**: Statter/Gini Retreat)**

June Olson
Statter/Gini Retreat
3605 Oakville Waltz Rd.
New Boston, MI 48164

Name: _____ Date: _____

Address:_____ Phone: _____

City: _____ State:_____ Zip: _____

Note: NO ROOM CHANGES AFTER INITIAL ASSIGNMENT