

Statter/Gini Retreat for Women

- LOCATION:** St. Francis Retreat Center
703 East Main Street
DeWitt, Michigan 48820
- DATE:** November 6-8, 2026 with Mildred Frank
- 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