



Mid-Atlantic JACS

Invites you to our 10th spiritual and communal gathering.

A Jewish Retreat Weekend for all Jews and family members in or seeking

Recovery

July 2-4, 2010

Crowne Plaza Baltimore North

2004 Greenspring Drive

Timonium, MD 410-252-7373

Spiritual Sharing, Sabbath Services, Meditation, Workshops, Rabbis' Forum, Informal meetings with Rabbis of all denominations. AA/NA/Al-Anon/Nar-Anon Meetings, Jewish and 12 Step Fellowships.

Mid-Atlantic JACS Retreats are planned and led by JACS members and Rabbis, and are intended only for recovering Jews and significant others to explore values and spiritual resources within Judaism that may support and strengthen their continuing recovery. The anonymity of every participant will be respected. Retreats are not treatment programs, nor do they promote or endorse any single approach or institution in the treatment of the disease of addiction.

PROGRAM:

Registration will begin at 3:00 P.M. on Friday. The Retreat program will conclude at 12:00 p.m. on Sunday. (Light snack to be served at noon)

REGISTRATION:

MID-ATLANTIC JACS MEMBERSHIP:
2010 Annual Dues: \$50-Family, \$36 Ind.

RETREAT FEES:

(Includes food, lodging, gratuities and registration). Full payment must accompany registration.

All Participants must be 2010 Mid-Atlantic JACS members.

Hotel Style Double Room, per person...\$325

ECONOMIC STIMULUS PACKAGE

Early registration paid in full with membership by May 10 will receive \$100 discount per person.
(No additional scholarships are available!)

Late fee after 6/18 \$25
Cancellation fee ...\$75.00
Fees for returned checks.....\$30

No refunds made after June 25, 2010

Dietary Laws strictly observed. Attendance at the retreat is limited to persons over the age of 18, with exception of nursing infants in arms.

No pets allowed.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail _____

List all 12 step programs you attend: _____

Is this your first time at any JACS retreat? _____

I would like to lead a program, meeting or workshop? _____

I would like to room with _____

(Circle one) I am am not a Sabbath observer

Special needs: Handicap Dietary

Circle One: Hotel Style Dorm Style

Retreat \$ _____

Membership \$ _____

Disc./Addit. Fee Required \$ _____

Donation to Scholarship Fund (tax deduct) \$ _____

Total \$ _____

Checks should be made payable to Mid-Atlantic JACS written on US Dollar accounts.

Detach and mail this form and payment to

Mid Atlantic JACS P.O. Box 15016

Baltimore, MD. 21282-5016

More info: 410-358-1444 and leave message or

Email JACSBaltimore@yahoo.com Fax to:

410-358-1631

Credit card # _____

Exp Date _____

Circle: VISA MC