

Recovery Weekend for all 12-Step Programs:

“Perfectly Imperfect: Acceptance Is The Answer”

- **WHEN:** Friday, March 1, 2024, 6:00PM through Sunday, March 3, 2024, 2:00PM
 - Participants are requested to stay through the Closing on Sunday
 - *Retreat will NOT be canceled under any circumstances.*
- **WHERE:** Star Lake Conference Center Lodge
 - 268 Macopin Road, Bloomingdale, New Jersey 07403 *Directions on Reverse Side
- **TOPICS:**
 - **Friday Night:** “How Imperfect Am I?”
 - **Saturday Morning:** “Why Do I Need to Be So Perfect?”
 - **Saturday Evening:** “Feeling Imperfect is Ruining My Life”
 - **Sunday Morning:** “Perfectly Imperfect!”
- **COST:** \$225.00 per person (Cash, Check, Money Order or Credit Card)
 - Payment Plans Available (See Attached Sheet). Full payment is due Friday, February 16th, 2024
 - There are no "at door" payments allowed, no registration transfers, and **no refunds**
- **Activities:** Massage Therapy, Arts & Crafts, Exercise/Meditation, Games [Ping Pong, Air Hockey, Skee-ball] Nature Hikes, Karaoke, and More!
- **Meals:** Fee includes **five (5) meals** ~ Saturday breakfast, Saturday lunch, Saturday dinner, Sunday breakfast, and Sunday lunch (Friday dinner---please brown bag it!)
 - **4 Licensed Therapists: Presenting on: “Accepting That Being Perfectly Imperfect Is The Answer”**
- **Contacts:** Buddy H. (Chair) 551-238-1406
Kristen C. (Co-Chair) 973-975-9701
Luis R. (Registrar, Payment Plans) 973-782-3389

Limited scholarships are available to people in financial need. Those registrants who are asking for a scholarship should send a letter explaining their needs and what they will get out of the retreat; however, no money should be included with the letter. If the scholarship request is accepted, the registrant must send a check or money order upon notification of acceptance. All scholarships must be requested by **February, 16 2024**. For details on scholarships call Luis R. (973) 782-3389.

Mail PRINTED registration form and check/money order payable to: Recovery Weekend

Attn: Registrar, c/o ACTPS 1314 Broad St. Clifton, NJ 07013

<http://recoveryweekendnj.org/>. All monies must be mailed to the address above.

Sponsored by NJ0166 Tuesday Bloomfield ACA Recovery Weekend Committee
ACA meets Tuesday at 7:30pm, 375 Watchung Ave., Bloomfield, NJ

FIRST NAME: _____ LAST NAME: _____ M/F/Other

ADDRESS: _____ PHONE: _____ - _____ - _____

Are you willing to be on the Phone List? Yes/No Email List? Yes/No Mailing List? Yes/No (circle all that apply)

E-MAIL ADDRESS: _____

ROOMMATE'S NAME _____

DO YOU SNORE? Yes/No ADDITIONAL HEALTH CONCERNS? (E.G. FOOD ALLERGIES) _____

IS THIS YOUR FIRST ACOA RETREAT? Yes/No \$ AMOUNT ENCLOSED: _____

Recovery Weekend for all 12-Step Programs:

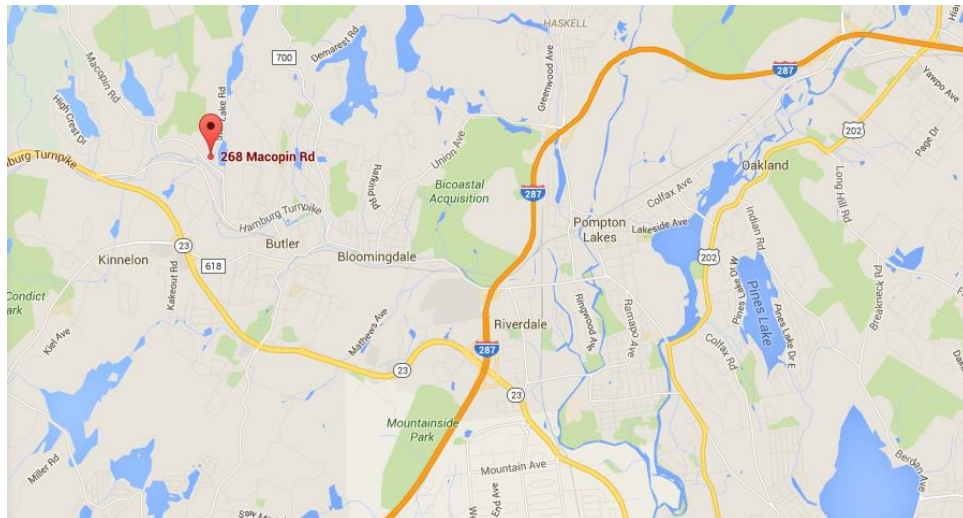
“Perfectly Imperfect: Acceptance Is The Answer”

- **Location: Star Lake Conference Center Lodge**
 - 268 Macopin Road, Bloomingdale, New Jersey 07403

From the North (or South): **Take I-287 South (or I-287 North if coming from South) to Exit 53 Bloomingdale / Pompton Lakes. Turn left at the light onto Hamburg Turnpike. Hamburg Turnpike becomes Main Street as you go through the town of Bloomingdale and then Hamburg Turnpike again at the Rite Aid Pharmacy. Bear right when you see the Rite Aid Pharmacy on your right (approx. 1.4 miles from the start of Hamburg Turnpike). Continue about 1 mile passing Stumble Inn on your left and turn right at Macopin Road (Blueberry Hill Farms is at this corner on your right). Go about 0.3 miles and as you see the sign for Nutraceuticals International Group and the Vitamin Store on your left, make a right into the Star Lake Lodge gate. Make a quick left at the Star Lake Lodge Directory. Follow the road as it bends to the right. Make a left and go up the hill behind the building. The distance from the gate to the building entrance is about 0.2 miles.

From the East/NYC: Cross the G.W. Bridge and onto I-80 West. Take Exit 53 to merge onto RT-23 North toward Butler. Go 7.3 miles to 287 North and then follow the directions above **.

Public Transit: From NYC Port Authority, take Bus #194 to Newfoundland, NJ. Take the “T” bus, NOT the “X” or the “E”. Stop in Bloomingdale on Hamburg Turnpike at Main Street. From Newark Penn Station, take NJ Transit bus #75 to Butler, Bloomingdale stop is Hamburg Turnpike at Main Street. Call Buddy H. at 551-238-1406 for pickup. We will also have someone drop you off at the bus stop at the end of the retreat.



OPEN MIC NIGHT

On Saturday night there will be an Open Mic Night with performances of 5 – 10 minutes each. Would you be interested in performing? If yes, please describe your idea for your performance below (e.g. poetry reading, short skit, a song). Keep content appropriate to a recovery environment.

HOW DID YOU HEAR ABOUT RETREAT?

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Payment Plan

For your convenience, you may also pay for the Recovery Weekend through a **payment plan**. Those in need of a payment plan may pay in *2 or 4 installments*. While the minimum number of payments to be made is at the discretion of the registrant, the maximum number of payments will be determined by the months remaining until the upcoming retreat. For example, if 4 months remain until the next retreat, you may make up to 4 payments. We suggest that each payment be made by the end of each month.

Suggested Installments:

4 payments:

\$75 - Due 1/5/24

\$50 - Due 1/19/24

\$50 - Due 2/2/24

\$50 - Due 2/16/24

2 payments:

\$125 - Due 1/19/24

\$100 - Due 2/16/24

Mail PRINTED payment plan forms and check/money order payable to:

Recovery Weekend

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Questions about the Payment Plan? Please contact Luis R. (Registrar, Payment Plans) at 973-782-3389.

*Retreat Must Be Paid in Full by Friday, February 16th, 2024

**No Refunds Given for Partial Payment

PAYMENT #1

FIRST NAME: _____ LAST NAME: _____ M F Other

ADDRESS: _____

PHONE: _____ - _____ - _____ Would you like to be on the Phone List? Yes No Email List? Yes No Mailing List? Yes No (circle all that apply)

E-MAIL ADDRESS: _____

ROOMMATE'S NAME: _____

DO YOU SNORE? Yes No ADDITIONAL HEALTH CONCERNS? _____

IS THIS YOUR FIRST ACOA RETREAT? Yes No \$ AMOUNT ENCLOSED: _____

PAYMENT #2

FIRST NAME: _____ LAST NAME: _____ M F Other

ADDRESS: _____ PHONE: _____ - _____ - _____

Are you willing to be on the Phone List? Yes No Email List? Yes No Mailing List? Yes No (circle all that apply)

E-MAIL ADDRESS: _____

ROOMMATE'S NAME _____

DO YOU SNORE? Yes No ADDITIONAL HEALTH CONCERNS? (E.G. FOOD ALLERGIES) _____

IS THIS YOUR FIRST ACOA RETREAT? Yes No \$ AMOUNT ENCLOSED: _____

PAYMENT #3

FIRST NAME: _____ LAST NAME: _____ M F Other

ADDRESS: _____ PHONE: _____ - _____ - _____

Are you willing to be on the Phone List? Yes No Email List? Yes No Mailing List? Yes No (circle all that apply)

E-MAIL ADDRESS: _____

ROOMMATE'S NAME _____

DO YOU SNORE? Yes No ADDITIONAL HEALTH CONCERNS? _____

IS THIS YOUR FIRST ACOA RETREAT? Yes No \$ AMOUNT ENCLOSED: _____

PAYMENT #4

FIRST NAME: _____ LAST NAME: _____ M F Other

ADDRESS: _____ PHONE: _____ - _____ - _____

Are you willing to be on the Phone List? Yes No Email List? Yes No Mailing List? Yes No (circle all that apply)

E-MAIL ADDRESS: _____

ROOMMATE'S NAME _____

DO YOU SNORE? Yes No ADDITIONAL HEALTH CONCERNS? _____

IS THIS YOUR FIRST ACOA RETREAT? Yes No \$ AMOUNT ENCLOSED: _____