

SASKATCHEWAN AL-ANON/ALATEEN HYBRID FALL ASSEMBLY REGISTRATION FORM

November 7-9, 2025

Location: Prince Albert Wildlife Federation, Prince Albert, SK

BOTH IN-PERSON AND VIRTUAL ATTENDANCE MUST PAY THE REGISTRATION FEE.

Registration Fee: \$40.00 by Oct. 21 2025. After Oct. 21, 2025 pay Late Registration: \$50.00

Meal Package for in-person: \$55. per person for the weekend

Check One Option. I will be attending the Assembly _____ In-Person; _____ Virtual (can be by phone)

If changing to attending Virtual from In-Person after registering, Registration Committee must be notified by November 1, 2025.

Name:

Address:

Email Address:

Phone:

Is this your first Al-Anon Assembly? Yes _____ No _____

Would you like us to send you the pamphlet "So This is Your First Assembly"?

If yes, e-mail _____ or regular mail _____

Indicate Group: Al-Anon _____ Adult Children _____ Alateen _____

IMPORTANT: Please indicate if you are:

_____ Voting representative for your group; Group Name _____ District _____

_____ Member of the Area World Service Committee (includes District Reps)

_____ Interested Member/Visitor _____ Past Delegate _____ Trustee _____ Past Trustee

Group Representative Guide: If you would like a copy of the "Group Representative Guide to Area Assembly" sent to you electronically, please check here. _____

PLEASE HAVE YOUR FEES & REGISTRATION FORM SUBMITTED BY November 1, 2025.

****Submit this registration form electronically and e-transfer payment to**

SKAlanonAssembly@gmail.com

Or email the address above to get a mailing address.

**Once your registration form is received, you will receive an e-mail, or a mailed package (if you do not have email), with the Meeting ID and Password, Zoom Etiquette, Assembly Weekend Agenda, Pertinent Topics, and the Saturday Business Agenda

Fee Schedule: (Late Registration is any day after Oct. 21, 2025)

Registration (\$40): _____

Late Registration (\$50): _____

Meal Package in-person (\$55.): _____

Banquet only (\$30.): _____

Alateen (\$5) _____

Total Fees Submitted: _____

Food Allergies/Gluten Free, etc. _____