Rock into Recovery Unity Intergroup Retreat – April 17-19, 2026

Registration Form

Full Name: _____

Address: _____
City:_____State:_____

Zip Code: _____

Email Address: _____

Phone Number: _____

Please select your room option: ☐ Shared Room – $390

Roommate request if any _____

☐ Solo Room – $470

If you have questions about handicapped rooms, partial scholarships, or other special accommodations for hearing, vision, meals or other questions, contact Michele G at 651-247-1858, OA2recover@gmail.com

Volunteering/Service

Please indicate if you are interested in volunteering during the retreat:
Registration_____Speaker_____Decorations_____Greeters_____ 5th step listeners___

Time keeper:_____Yoga/meditation:_____Set Up_____

Tear down:_____Literature:_____

Raffle basket_____ **Willing to help wherever needed**_____

Please send this form with payment to

Michele G

2368 Londin Lane E

Maplewood, MN 55119