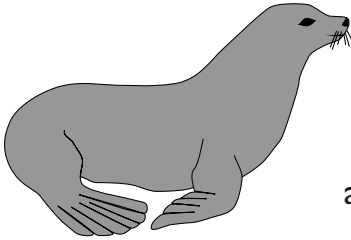


Southern Alameda County Overeaters Anonymous Intergroup (SACO) presents our

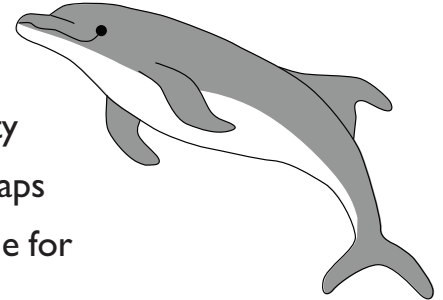
# Santa Cruz Summer Retreat

at Villa Maria Del Mar, Santa Cruz, August 20-22, 2010



Join us for our annual SACO Summer Retreat at the beach in sunny Santa Cruz. Some rooms offer spectacular ocean views: reserve early to guarantee your space.\* Six abstinent meals are included, and an elevator is available for use inside the Villa.

The beach is the perfect location to commune with nature and nurture your recovery. We will have a 50/50 and White Elephant raffle. On Saturday evening there will be an opportunity to share something special related to your recovery—perhaps a song, poem, story, or artwork. There will be plenty of time for sun, fun, fellowship and relaxation. So sign up soon.



*Those with special needs please register early\**

### For more information contact:

Nancy (925) 606-5339  
nancycSACO@aol.com

Linda (510) 797-7475

Pam (510) 888-9456  
gatativivian@earthlink.net

[www.SouthernAlamedaCountyOA.org](http://www.SouthernAlamedaCountyOA.org)

*A confirmation letter, map and menu will be sent to all registered guests in late-July.*

\*Registration is accepted via US Mail only. Ocean view, handicap and single rooms are limited. Room assignment is done on a first received - first assigned basis (exception for certain special needs).

\*\*Following the retreat, SACO provides an "attendee mailing list" which has contact information for all attendees who so choose. To be part of the attendee mailing list check "Yes" when asked on the form below. If the option is left blank or "No" is checked you will not be included. The attendee mailing list will be delivered via email (for those not listing an e-mail address a paper copy will be mailed).



**Return the following form and a self-addressed, stamped, business-size envelope with your deposit**

PLEASE, **PRINT** CLEARLY USING BLUE OR BLACK INK.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

( ) \_\_\_\_\_

Telephone Number (with area code) \_\_\_\_\_ Email \_\_\_\_\_

Female  Male Sharing a room? \_\_\_\_\_

Roommate's Name \_\_\_\_\_

Would you like to be included on the attendee mailing list?\*\*\*  Yes  No

Please mail registration and make checks payable to:

**SACO**  
**P.O. Box 1684**  
**Fremont, CA 94538**

### Room Charge

Private \$250.00 . . . . . \$ \_\_\_\_\_

OR

Shared \$220.00 . . . . . \_\_\_\_\_

### Deposit

(Non refundable)

minimum \$100.00 . . . . . \_\_\_\_\_

Amount enclosed . . . . . \_\_\_\_\_

Balance . . . . . \_\_\_\_\_

**Balance due by July 15, 2010**

#### FOR SACO USE ONLY

Reg rcvd \_\_\_\_\_ Reg # \_\_\_\_\_

Balance rcvd \_\_\_\_\_ SchlrsHp \_\_\_\_\_

Spclnd/Misc \_\_\_\_\_