

NYNAC 2016 Registration Form
October 7, 8 and 9
Registration Form

(Must be filled out by Everyone Please Print Clearly)

This form is used to register for NYNAC 2016 located at Vanderkamp, Cleveland, New York
Emergency Phone Vanderkamp is 315-753-1594
Or: Walt – Alateen Coordinator 315-802-9792
Or Leslie – NYNAC Coordinator 315-391-0089
(Cell phone service is sporadic at this location.)

Participant Information:

Last Name _____ First Name _____ Sex _____ DOB _____

Street _____ City _____ State _____ Zip _____

Phone () _____ Status () Alateen () Sponsor () Al-anon Member Involved in Alateen Services

Name of nearest Relative or Guardian: _____ Phone () _____

Sponsor _____ Phone () _____ Driver _____

Group Name: _____ Group City _____ Mode of transportation _____

Please list two names of people you would like to room with. I will do my best to room you with at least one of the people you list.

1. _____ 2. _____

Custodial Parent / Guardian Information:

Last Name _____ First Name _____ Sex _____ DOB _____

Street _____ City _____ State _____ Zip _____

Insurance Information: (Please provide a copy of the card if you can.)

Name of Insurance Company _____ Group ID# _____

Name of Employer _____ Employee SSAN# _____

If covered by Medicaid: attach a Medical Coupon or copy of the card

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- **Registration Cost for NYNAC 2016 is \$125.00.**
- **All Person Attending** must agree to abide by the Alateen and NYNAC Guidelines.
- Plan to learn more about yourselves and the program. Remember we are here for our recovery and to work the traditions and concepts of service by sharing by thoughts and suggestions.
- ALL are encouraged to participate and offer their experience, strength and hope.
- If you see anything that bothers you, please speak up in a polite way or see an adult in charge.
- Please clean up after yourself. Let's make sure we leave Vanderkamp Center as clean as when we arrived.
- Remember to have fun and stay safe.

Registration deadline: September 20, 2016