

Lake Tahoe Fall Festival

P.O. Box 19307 South Lake Tahoe, CA 96151-0307



www.LakeTahoeFallFestival.com

The 2009 Lake Tahoe Fall Festival will be held at the **Horizon Hotel & Casino**, Hwy. 50, Stateline Nevada

Reservations for Horizon rooms with 2 double beds at a cost of \$115.00 for 1 or 2 guests per night can be arranged through:

Horizon Casino Resort

Hwy. 50
 P.O. Box C
 Stateline, NV 89449
 Phone: (800) 648-3322 or (775) 588-6211
 Be sure to mention the Fall Festival

Room rates subject to 10% local tax plus \$1 tax per night

2009
Lake Tahoe Fall Festival
 October 2nd, 3rd, 4th 2009
 Horizon Hotel Reservation
 (800) 648-3322

Single, 1 Person, 2 Double Beds \$115.00
 Double, 2 Person, 2 Double Beds \$115.00

Be sure to mention the Fall Festival.
 Room rates subject to a 10% local tax plus \$1 tax per night

Name _____
 Address _____
 City _____
 State _____ Zip _____

USE THIS FORM FOR A.A. REGISTRATION
 "Early Bird" pre-registration must be received by Sept, 15th 2009
 Registration Badges Required for ALL Speaker Meetings.

Make Checks Payable To:
Lake Tahoe Fall Festival
 Mail To: P.O. Box 19307
 South Lake Tahoe CA, 96151

A.A. Contact: Wren B. 530-545-2800

Name (s) _____
 E-mail _____
 City _____
 State / Zip _____
 Phone _____

Registration Fees	Quantity	Unit Cost	Total
"Early Bird"	_____	x \$15.00 =	_____
<small>By Sept 15th</small>			
Regular Registration	_____	x \$ 20.00 =	_____
Al-Anon Lunch Buffet	_____	x \$ 18.75 =	_____
<small>Lunch 1 p.m. Speaker 2 pm.</small>			
Saturday Night Banquet	_____	x \$32.00 =	_____
<small>Banquet 5:30 pm Speaker 8 pm.</small>			
Total Amount Enclosed \$			_____

NO REFUNDS AFTER SEPT 15th, 2009

USE THIS FORM FOR AL-ANON REGISTRATION
 "Early Bird" pre-registration must be received by Sept, 15th 2009
 Registration Badges Required for ALL Speaker Meetings.

Make Checks Payable To:
Lake Tahoe Fall Festival
 Mail To: P.O. Box 14564
 South Lake Tahoe CA, 96151

Al-Anon Contact: Alice B. 530-544-4084

Name (s) _____
 E-mail _____
 City _____
 State / Zip _____
 Phone _____

Registration Fees	Quantity	Unit Cost	Total
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