



Washington State Conference of Young People in Alcoholics
Anonymous – SPOKYPAA Host Committee

CHILDREN OF THE NIGHT

WSCYPAA 4

SPOKANE

Downtown Spokane

August 20-21, 2021

PRE-REGISTRATION FORM

First Name: _____ Last Name: _____

Address: _____

Email: _____ Phone _____

Preferred Method of Contact: Phone _____ Email _____ Text _____

Sobriety Date: _____ YPAA Affiliation (if any): _____

Hometown: _____ State: _____

Would you be willing to outreach in your area? _____

Are you interested in being of service at the conference? _____

Are you willing to chair an AA meeting at conference? _____

Would you like to start YPAA in your Area? _____

List any special accommodations here _____

Donations for scholarships: _____

WSCYPAA
@WSCYPAA2021



venmo



PayPal

Scan. Pay. Go.

(Committee Use Only) PAID: Cash: _____ Credit: _____ Check: _____ Scholarship: _____

Electronic Payments: **PAYPAL:** paypal.me/WSCYPAA or **Venmo:** @WSCYPAA2021

CONTACT US: WSCYPAA2021@GMAIL.COM

Mail checks to: PMB 143, 7115 N DIVISION ST, Suite B SPOKANE, WA 99208