31st Annual Fall Men's Retreat

October 17th-19th, 2025







Camp Asbury - Shaw Retreat Center - 10776 Asbury Road Hiram, OH 44234 - Phone: 330.569.3171 - www.campasbury.org

"We are a group of gay men, gathered in nature, to enhance our recovery"

Meetings and fellowship throughout the weekend.

Other activities include: hiking, disc golf, games (bring 1's for LRC!), fun contests, shopping.

- Registration is \$155.00 for the weekend and includes meals and lodging. You can register and pay with the QR code at the top left of this flyer. Scholarship donations can be made using the QR code at the top right of this flyer.
- Arrive Friday afternoon dinner at 5:30 PM first meeting is at 7:30 PM, depart Sunday morning by noon.
- Space is limited to 50 people so please complete your registration soon.
- Final payments are due October 3rd, 2025. (To keep the conference going year to year, it is important to register as early as possible so that the committee can plan accordingly.)
- Scholarships are available. If you need assistance, please <u>contact us</u> to let us know and together we will work out a plan of action to get you to the retreat.
- Meals are provided by the camp in a group setting.
- There will be snacks and soups provided by the Fall Men's Retreat. Feel free to bring snacks and treats to share!

You will need to bring the following:

- ✓ Comfortable / weather appropriate clothing
- ✓ Bedding (the lodge has bunk beds with mattresses)
- ✓ Toiletries and towels for showering

For this flyer, retreat schedule, registration and contact, visit us @

https://fallmensretreat.com

2025 Gay Men's Retreat Registration Form October 17th-19th, 2025

Remember to bring appropriate clothing, bedding, toiletries and a towel
Arrive Friday afternoon - dinner at 5:30 PM - 1st meeting is at 7:30 PM

Contact email: fall.mens.retreat.neo@gmail.com

Or visit the FMR website for this flyer, retreat schedule, registration and contact @ https://fallmensretreat.com

If you are unable to register online, please mail this registration form with payment the the FMR Treasurer as soon as possible (coordinate this by emailing the Treasurer at fall.mens.retreat.neo@gmail.com)

Your Information (Please Print)	Payment Information	
Name:	Retreat - Full Payment (\$155)	\$
Address:	Scholarship Fund Donation	\$
City/State/Zip:	Total	\$
E-Mail Address:	Check here if requesting scholarship	
Phone:		
Sobriety Date:		
Special Needs / Meals:		
Disclaimer		
Those people involved in organizing or assisting this event sh or my properties as a result of negligence or intent by those or during travel to or from the event site. I have read, unde release, indemnify and hold blameless anyone involved from	attending, sponsoring or otherwise participa rstand and accept these terms of participati	iting in this event
Signature:		
Date:		