## **ALCOHOL SAFETY ACTION PLAN (ASAP) 48 HOUR**

## **2025 DATES**

| FEBRUARY   | 21st - 23rd  | APRIL   | 4th - 6th  |
|--|--|---|--|
| JUNE   | 27th - 29th  | AUGUST  | 8th - 10th   |
| OCTOBER  | <u> 3rd - 5th</u>  | DECEMBER  | 12th -14th   |
| scheduled date. The weeks prior to the scheduled num             | ve at 120 E 5 <sup>th</sup> Ave, Augusta<br>cost of the class is \$250.00, <u>i</u><br>neduled class and <u>reservatio</u><br>nber of participants per class<br>HAPP AND VENMO are the c     | non-refundable, and must<br>Ins are on a first come firs<br>S. Secured enrollment is              | be paid two<br><u>t serve basis</u> as<br>dependent upon |
| Al   | LCOHOL DRUG INFORMA  | TION SCHOOL (ADIS)  |  |
|  | <u>2025 DA</u>   | <u>TES</u>  | •  |
| FEBRUARY   | <u>22nd</u>  | APRIL 5th   |  |
| JUNE   | 28th   | AUGUST 9th  |  |
| OCTOBER  | 4th  | DECEMBER 13th   |  |
| date. The cost of the the scheduled class a number of participar | ive at 120 E 5 <sup>th</sup> Ave, Augusta<br>c class is \$150.00, <u>non-refund</u><br>and <u>reservations are on a firs</u><br>ats per class. Secured enroll<br>10 are the only accepted me | <i>gble</i> , and must be paid to<br><u>t come first serve basis</u> as<br>ment is dependent upon | wo weeks prior to<br>there is a limited                  |
| Enrollment form:   |  | ı   | - and a second   |
| Name:  |  | Telephone:  | ,  |
| Class Attending: _   |  | Class date:   |  |
| Emergency Conta  | ct (name, phone)   |   |  |
| Medical condition  | ns/medications:  |   |  |
| Amount and type  | of payment:  |   |  |
| Signature and da   | te:  |   |  |

\*copy of this enrollment from serves as receipt and reservation.