

COLUMBUS SPRING ROUNDUP



"Simple, But Not Easy"

Online Registration- Venmo



Please include your Registration Form information when paying through Venmo

Hotel Reservations



Schedule of Events

Friday, April 4

Registration Opens	2:00PM
Pat M. (Columbus, OH)	3:30PM
Chris C. (Coshocton, OH)	7:00PM
Peggy D. (Edgewood, KY)	9:00PM

Saturday, April 5

Relationships Panel	10:30AM
3 rd Step Panel	1:00PM
Sue D.- Alanon (Yorba Linda, CA)	3:00PM
Keith D. (Yorba Linda, CA)	8:00PM
Dance by DJ B-Love	10:00PM

Sunday, April 6

Polly P. (Jacksonville, FL)	9:30AM
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Speaker CDs by B&C's Sober Voices

April 4-6, 2025

Registration-\$35 (\$40 at the door)

PRE-REGISTRATION ENDS APRIL 1st. EVERYONE MUST REGISTER

Crowne Plaza North-Worthington

6500 Doubletree Ave., Columbus, OH 43229

Hotel number: 614-885-1885

Website: <http://ihg.com/>

Hotel Rate \$100 per night

Use room block code **Columbus Spring Roundup**

Hotel reservation deadline: April 3, 2025

Website: <https://columbuspringroundup.org/>

Facebook: www.facebook.com/groups/newcolumbuspringroundup/

Host Committee: Jim C., 614-738-9458 Kathy P., 614-512-6999

Donations to the Spring Roundup will increase our reach in the central Ohio recovery community by providing scholarship registrations for non-treatment center individuals. Those interested in applying for a scholarship should send an email to cbusspringroundup@gmail.com and explain why you qualify. Include your name and phone number. Treatment center individuals should contact their facility administrators for details on attending the 2025 Columbus Spring Roundup. Donations can be made by Venmo (@SpringRound-Up) by specifying "Roundup Scholarships" or by PayPal at <https://columbuspringroundup.org>.

REGISTRATION FORM - EVERYONE MUST REGISTER

Last day to pre-register is April 1st. (No dance-only registration)

MAIL TO: COLUMBUS SPRING ROUNDUP COMMITTEE, P.O. BOX 94, GROVE CITY, OH 43123

MAKE YOUR \$35 CHECK PAYABLE TO: COLUMBUS SPRING ROUNDUP

Please include the information below if you pay through Venmo

NAME: _____

EMAIL: _____

PHONE #: _____

- AA
- Alanon
- Willing to Volunteer
- Special needs? (Please Specify)

NO REFUNDS ON REGISTRATION