

ADDICTION RECOVERY COUNSELING SERVICES

120 E 5TH, AUGUSTA KS 67010

316-351-7138

ALCOHOL SAFETY ACTION PLAN (ASAP) 48 HOUR

2026 DATES

<u>FEBRUARY</u>	<u>27th - March 1st</u>	<u>APRIL</u>	<u>24th - 26th</u>
<u>JUNE</u>	<u>5th -7th</u>	<u>AUGUST</u>	<u>14th - 16th</u>
<u>OCTOBER</u>	<u>9th - 11th</u>	<u>DECEMBER</u>	<u>4th -7th</u>

Participants must arrive at 120 E 5th Ave, Augusta KS no later than 5:30pm on the scheduled date. The cost of the class is \$250.00, non-refundable, and must be paid two weeks prior to the scheduled class and reservations are on a first come first serve basis as there is a limited number of participants per class. Secured enrollment is dependent upon payment. CASH, CASHAPP AND VENMO are the only accepted methods of payment.

ALCOHOL DRUG INFORMATION SCHOOL (ADIS)

2026 DATES

Enrollment form:

<u>FEBRUARY</u>	<u>28th</u>	<u>APRIL</u>	<u>25th</u>
<u>JUNE</u>	<u>6th</u>	<u>AUGUST</u>	<u>15th</u>
<u>OCTOBER</u>	<u>10th</u>	<u>DECEMBER</u>	<u>5th</u>

Participants must arrive at 120 E 5th Ave, Augusta KS no later than 9:00am on the scheduled date. The cost of the class is \$150.00, non-refundable, and must be paid two weeks prior to the scheduled class and reservations are on a first come first serve basis as there is a limited number of participants per class. Secured enrollment is dependent upon payment. CASH, CASHAPP AND VENMO are the only accepted methods of payment.

Enrollment form:

Name: _____ Telephone: _____

Class Attending: _____ Class date: _____

Emergency Contact (name, phone) _____

Medical conditions/medications: _____

Amount and type of payment: _____

Signature and date: _____

*copy of this enrollment form serves as receipt and reservation.