

Retreat Registration Form

WSQG Quilt Retreat May 13 – 16, 2010
Falls Creek Retreat Center, Raymond, WA

Name _____

Phone _____ E-mail _____

Indicate Roommate preferences (names): _____

List special accommodation needs or call Kelly Ann Landers at 481-5645 to discuss them. We will try to accommodate as best we can, but we can't meet all needs.

Please plan for your own special needs.

Please include such things as food allergies, difficulty with stairs, diabetic diet, CPAP, night owl or morning person, do you snore, does noise bother you at night)

Are you willing to be a resource person at the retreat? _____

Do you have a special skill that you are willing to share; IE: binding expertise, Color Selection, lay-out skills, etc _____

Please indicate the payment that will accompany this registration form:

Deposit.....\$50.00

To complete the payment for 2 nights, add..... \$140.00 (Total \$190)

To complete the payment for 3 nights, add.....\$220.00 (Total \$270)

Balance due by April 1st:\$ _____

Date paid: _____

Amount paid: _____

In the past we've asked members to bring music which would be played on a shared music player periodically during retreat. Would you like to continue doing that or would you prefer that ladies bring their own personal music devices and headphones?
