

Retreat Registration Form
WSQG Quilt Retreat May 17 - 20, 2012
Falls Creek Retreat Center, Raymond, WA

Name: _____

Number of nights: 2 or 3 nights _____

Phone _____

E-mail _____

Indicate Roommate preferences

(names): _____

List ***special accommodation*** needs (or call Judi Dobbs at 956-9113) 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 a night owl or an early bird? _____

Would you prefer your roommates to have a similar schedule? _____

Please indicate the payment that will accompany this registration form:

_____ Payment for 3 nights total\$275.00

_____ Payment for 2 nights total\$190.00

_____ Deposit.....\$50.00

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

_____ To complete the payment for 3 nights, add \$225.00 (Total \$275)

Balance due by April 3rd.

Amount Paid: _____

Date Paid: _____

Amount Due: _____