

River City Quilters Guild
Retreat Registration Form

Retreat Location _____ Retreat Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____

Email _____

Emergency Contact _____

Telephone _____

Medical need for First Floor Accommodations _____

I am retreating with _____

Please be aware, you **MAY** be asked to share a room, during retreats that require double occupancy. **Initial** _____ Every effort will be made to accommodate single requests.

A \$50.00 deposit (may be paid in 2 payments) and completed registration form signed by the retreat participant is required to hold a space. The balance is due and payable one month before the date of the retreat.

If the retreat participant cancels the monies paid will be refunded **only** if the resulting vacancy is subsequently filled for that retreat. **Initial** _____

Signature _____ Date _____

Submit check payable to RCQG and registration to
River City Quilters Guild, PO Box 15816, Sacramento CA 95852 Attention Retreats

Please contact Jonell Carter at 916-996-5048 or JonellQltr2015@gmail.com if you have any questions

Payment Records

Name

Date

Check/Cash

Balance Due
