River City Quilters Guild Retreat Registration Form

| Retreat Location | Retreat Date | | |
|--|--|--|--|
| Name | | | |
| | Zip | | |
| Telephone | Email | | |
| Emergency Contact | Relationship | | |
| Telephone | Meal Preference: Vegetarian? Y N | | |
| First Floor available per Medical | needs | | |
| I am retreating with | | | |
| that require double occupancy. Every requests. Initial A \$50.00 deposit and completed a required to hold a space. The ball the retreat. Speak with the coord **If the retreat participant can | ked to share a dormitory style room, during retreats very effort will be made to accommodate single registration form signed by the retreat participant is ance is due and payable one month before the date of inator if you need more time. cels for any reason, the monies paid will be refunded is subsequently filled for that retreat. Initial | | |
| Signature | Date | | |
| Would you like to donate Treats | or Gifts for games? | | |
| Submit check payable to RCQG River City Quilters Guild, P.O. B | and registration form to: sox 15816, Sacramento CA 95852 Attention: Retreats | | |
| Please contact the retreat coordin questions. | ator at retreats@rivercityquilters.org, if you have any | | |

Payment Record

Total Amount Due:

| Name | Date | Check #/Cash | Amt. | Balance Due |
|------|------|--------------|------|----------------|
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