## **River City Quilters Guild Retreat Registration Form**

Retreat	Date					
Name						
	SS					
City/State						
-						
	Retreating with/Private room					
Preferred Nan	ne on name tag					
required to ho	oosit and complete ld a space. The bace beak with the coor	alance is due ar	ıd payable	one month be	fore the date of	
	participant cand sulting vacancy is					
Signature	atureDate					
ADD NOTE: Z Please contact	t the retreat coordi rm and check or if	nator at retreats	@rivercity			
•			Polotio	nahin		
NameRelationship Felephone						
-	Medical needs					
Special Diet:						
Vegan	Vegetarian	Non-Gluten	Non-I	Dairy		
Other/Combina	ation of above					
OFFICE USE ONLY Payment Record			Total Amount Due:			
Name	Date	e Check #	#/Cash	Amt.	Due	