

FLYING GEESE QUILTERS GUILD RETREAT SIGNUP

Date of signup _____

Name _____

Email and cell if info not in directory _____

Please check the appropriate boxes

- Spring (April)**
- Summer (August)**

- 3 days / 2 nights**
- 4 days / 3 nights**
- Day Quilter # of days_____ # of meals_____**

- Double (2 twin beds per room)**
- Triple(3 twin beds per room)**
- Single (1 bed per room)**

- handicap accommodation**

- prefer first floor room (every effort will be made to fulfill this request)**

- special needs(ie dietary)_____**
- willing to carpool _____**

Roomate(s) _____

Attach \$100 nonrefundable deposit to this form and submit to Retreat Coordinator

For Coordinator Only

- Confirmed**
- wait list**

5/12/2017