**Ogallala Quilters’ Society**

**Winter Retreat Registration Form**

**January 23 - 26, 2025**

Please Print Clearly

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
| City, State, Zip |  |
| Phone Number |  |
| Email address |  |

|  |  |
| --- | --- |
| Please list names of 3 roommates*(4 will be assigned to a room)* | 1. |
| 2. |
| 3. |

|  |
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| Snacks! The most important part of Retreat!*Please bring a snack to share throughout the weekend!***If your last name begins with:** |
|  A thru J – bring a sweet snack Also bring a breakfast item to share with the group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  K thru Z –un-sweet snack |

Please list if you smoke or have an allergy, we need to be aware of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please let me know if you prefer to sleep warmer or cooler \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Retreat Costs** |
| ¨ | 4 Day Retreat – Thursday through Sunday | $325 |
|  | Membership Fee (add because it is the beginning of a new year) 2025 | $25 |
| ¨ | Total amount due: | $350 |

|  |  |
| --- | --- |
| **Please enter the TOTAL AMOUNT enclosed with this form.** |  |
| **Total** | **$** |

Will you be attending Sunday lunch: Yes, \_\_\_\_\_\_ or no, \_\_\_\_\_\_\_

Let me know if you want to help with lunch on Sunday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Let me know if you would be willing to help with setting up or tearing down

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you cancel before January 8th, there will be a non-refundable fee of $25.**

**If you cancel after January 8th, there will be no refund.**

Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mail this Registration Form and the Medical Release form**

**along with your check to: Tana Frazier 3600 Woodhaven Court Midland TX 79707**

**Make your check payable to: Ogallala Quilters’ Society**

**Ogallala Quilters’ Society**

**Winter Retreat Medical Release Form**

|  |
| --- |
| We are aware of the Patient Privacy Act and understand if you choose not to disclose this information. However, we want to make sure you are taken care of correctly if the need arises. This form is filed and used for emergency purposes only. |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ release Ceta Canyon and the Ogallala Quilters’ Society of any responsibility for accidents that occur while visiting the facilities. I do release medical information inquired below in case of accident and if it is needed for those purposes. |
| **In case of emergency:** |
| Please contact: | Phone: |
| Name of Family Physician: | Phone: |
| Preferred Hospital |
| Do you have any allergies or medical conditions we need to be aware of? |
| List any medications you might be taking at this time: |

Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Your signature is required)*