



2024 - Quilt Retreat Registration Form

20th Annual Retreat – Camp Wapo
A Place of Peace to Piece

Name (Please print) _____

Address (Street, City, State, Zip) _____

Cell Phone (_____) _____ Facebook Name _____

E-mail _____

Roommate Request _____

Medical Insurance (Company and policy#) _____

Emergency Contact (Name and phone) _____

Food Allergies/Health Conditions/Restrictions _____

Volunteer Opportunities (check one or more)

Teach a Class	<input type="checkbox"/>	Coordinate a Charity Project	<input type="checkbox"/>	Collect Door Prizes	<input type="checkbox"/>
Make Name Tags	<input type="checkbox"/>	Plan a Game	<input type="checkbox"/>	CPR Certified	<input type="checkbox"/>

Wednesday, November 6th – Sunday November 10, 2024

5 days, 4 nights - Wed – Sun	\$240	<input type="checkbox"/>
4 days, 3 nights - Thurs – Sun	\$210	<input type="checkbox"/>
3 days, 2 nights - Fri – Sun	\$180	<input type="checkbox"/>

Total Cost (check one)

Payment Policy – Payment in full is due at the time of registration. Fees are non-refundable. You may find another woman to take your paid spot. Send registration form and payment to: Pat Basch, 4040 Stonebridge Dr. S., Eagan, MN 55123. Make check payable to **Dakota County Star Quilters**. Registration deadline 10/1/24.

Liability Waiver and Indemnification Agreement: I hereby agree to indemnify Dakota County Star Quilters, its members or volunteers; and agree never to make any claim for injury, loss, or damage to me or anyone accompanying me for any reason. I am financially responsible for damages assessed by the facility. By signing up for the retreat, you attest that you are vaccinated for Covid-19. I will abide by the policies set forth. Questions? Contact Pat Basch at tpbasch@hotmail.com

Signature _____
(Without your signature on the preceding line your registration cannot be processed.)

Office Use Only
 Roster I/S Email List Roommate Special Needs Covid Pymt _____ Registration # _____