



2019 - Quilt Retreat Registration Form

15th Annual Retreat – Camp Wapo
A Place of Peace to Piece

Name (Please print) _____

Address (Street, City, State, Zip) _____

Cell Phone (_____) _____

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 Charity Project <input type="checkbox"/>	Other _____ <input type="checkbox"/>
Plan Mystery Activity <input type="checkbox"/>	Quilt Charity Project <input type="checkbox"/>	Bring a flannel table cloth <input type="checkbox"/>
Plan a Game <input type="checkbox"/>	Bind & Label Charity Project <input type="checkbox"/>	Collect Door Prizes yes <input type="checkbox"/> no <input type="checkbox"/>
Make Name Tags <input type="checkbox"/>	Bring a First Aid Kit <input type="checkbox"/>	CPR certified yes <input type="checkbox"/> no <input type="checkbox"/>

Wednesday, November 6th – Sunday November 10, 2019

5 days, 4 nights - Wed – Sun \$210

4 days, 3 nights - Thurs – Sun \$180

3 days, 2 nights - Fri – Sun \$150

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 10/08/19

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. 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 Pymt Amt _____ Registration # _____