



## 2025 - Quilt Retreat Registration Form

21<sup>st</sup> 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"/>	Plan a Game	<input type="checkbox"/>	Want a massage	<input type="checkbox"/>
Make Name Tags	<input type="checkbox"/>	CPR Certified	<input type="checkbox"/>	Want machine cleaned	<input type="checkbox"/>

### Wednesday, November 5<sup>th</sup> – Sunday November 9, 2025

5 days, 4 nights - Wed – Sun	\$250	<input type="checkbox"/>
4 days, 3 nights - Thurs – Sun	\$215	<input type="checkbox"/>
3 days, 2 nights - Fri – Sun	\$185	<input type="checkbox"/>

Total Cost (check one)

**Payment Policy – Payment in full** is due at the time of registration. Fees are non-refundable. Massage and machine cleaning fees will be shared in the future announcements. 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 10/1/25.

**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](mailto: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 # \_\_\_\_\_