

# NORTHWEST QUILTERS SUMMER RETREAT - REGISTRATION FORM

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Most rooms sleep two and several sleep three; please name preferred roommate(s) and preferred room number:

This is my first Northwest Quilters Retreat

I will bring my own sewing table  my own lamp  my own chair

I will be hand sewing only

If you are a vegetarian, have food sensitivities, or need a special diet Tilikum requires that you fill out their Dietary form. Please request form by e-mailing Jo Ann Janes at [dustinjo@comcast.net](mailto:dustinjo@comcast.net) and mail completed form with your registration along with the required fee of \$8.00. Tilikum has informed us that they will not accommodate any dietary needs without having their form completed and returned prior to your arrival; no exceptions.

I will arrive on Sunday, July 23rd, after 3:00 pm and stay through Wednesday, July 26th until 2:00 pm for fee of \$220.00.

I will arrive on Monday, July 24th after 9:00 am and stay through Wednesday, July 26th, until 2:00 pm for fee of \$195.00.

Registrations will be accepted on a first come/first serve basis for a maximum of 38 participants. Early registrations are especially helpful in planning Northwest Quilters retreats. Those who are not Northwest Quilters members are welcome to register 30 days after registration is opened to members. Minimum deposit with completed registration form is \$75.00. The remaining balance is due no later than July 5, 2017. Refunds (minus a \$10 handling fee) will be given if cancellation is requested before July 1st and, then, only, if we can fill your reservation. All retreat materials will be sent via e-mail, UNLESS a self-addressed stamped business-sized (4" X 9") envelope is provided with your registration. Your completed registration form along with a Dietary Form, if needed, and your check made payable to Northwest Quilters should be mailed to:

**Checks should be made payable to Northwest Quilters and mailed with your registration along with completed Dietary form, if needed, to:**

**Jo Ann Janes, 2314 NW Edgewood Place, Portland, Oregon 97229-7618**