

REGISTRATION FORM
Quilts of Valor Weekend Retreat - January 19-21, 2018
GEORGIA BAPTIST CONFERENCE CENTER - TOCCOA, GA

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Email _____

Emergency contact(s) name _____

Phone number(s) (____) _____

Dietary restrictions/special needs _____

Do you require handicap access bathroom: YES NO

Are you attending with a group? If so, Name of Group: _____

Retreat is Fri-Sun (mid-day Friday check-in). Price \$170/pp (based on double occupancy).

Includes two nights and meals Friday Supper thru Sunday Breakfast \$170

Optional Thursday Night (Jan 19), if desired (mid-day Thursday check-in).

Includes three nights and Thursday Supper thru Sunday Breakfast **Add \$79/pp** _____

If you will be rooming with a friend please indicate her name and contact info.

If you need a roommate, write in **NEED ROOMMATE**. We will match up someone for you.

Roommate's name _____

E-mail or Phone # _____

If you prefer a **SINGLE** room there will be an additional:

We take your safety and the security of your equipment very seriously, but we will not be liable for any personal injury, loss/theft or damage anytime during the retreat. Your attendance constitutes your agreement to indemnify the Quilts of Valor Foundation from any claim for injury, loss, or damage for any reason.

Single Room charge of \$55 _____

TOTAL DUE _____

Less Deposit - Check# _____ **Amt.** _____

Balance Due NLT Dec. 1, 2017 _____

I agree to the policies outlined above.

Signature _____

Date _____

Mail this form with your **\$70.00 non-refundable deposit** to:

QOV Weekend Retreat
 c/o Lanette Edens
 2258 Armstrong Drive
 Savannah, GA 31404

Please make your check payable to: Quilts of Valor Weekend Retreat

Questions - Contact Lanette Edens 912-713-2258

