**Quilt Retreat Registration Form** 

**Please read carefully**.

1. Completed reservations are processed in the order they are received. A complete reservation includes: • **Non-refundable deposit of $50.** Your space will not be saved without payment of your deposit.

(Yes, you can pay in full)

• **Balance is due April 1, 2024**

• Completed registration form and **Camp Mission Meadows Participant Agreement**

2. Please list your preferences for BOTH sewing & sleeping area.

3. Every effort will be made to assure that your time at the retreat will be a delight and that you will leave rested, refreshed, re newed, and ready. I will work to seat/house you near those you request to the best of my ability.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (minimum age is 16)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Their Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List food allergies or special food needs: (\*if your diet is restrictive, please bring food to supplement your meals. We can’t accommodate ALL food restrictions.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MY SEWING TABLE PREFERENCES: MY CABINMATES**

Upstairs ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Downstairs Near Window (cooler) ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Downstairs Away from Window (warmer) ❑ **MY TABLE MATES** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Select what weekend and day you are coming**  | **Staying at Mission Meadows**  | **Commuting** | **Week 1** **April 15 - 21** | **Week 2** **April 22 - 28** |
| **Monday** (starts Mon. 10 am, lodging and 10 meals starting with Thursday breakfast)  | **\_\_\_ $310**  | **\_\_\_ $214**  | ❑  | ❑ |
| **Tuesday** (starts Tues. 10 am, lodging and 10 meals starting with Thursday breakfast) | **\_\_\_ $284**  | **\_\_\_ $203**  | ❑  | ❑ |
| **Wednesday** (starts Wed, 10 am, lodging and 10 meals starting with Thursday breakfast) | **\_\_\_ $258**  | **\_\_\_ $192**  | ❑  | ❑ |
| **Thursday** (starts Thurs, 10 am, lodging and 9 meals starting with Thursday lunch) | **\_\_\_ $222**  | **\_\_\_ $171**  | ❑  | ❑ |
| **Friday** (starts Friday at 10 am, lodging and 6 meals starting with Friday lunch) | **\_\_\_ $161**  | **\_\_\_ $125**  | ❑  | ❑ |

Would you want to have dinner provided Wednesday night? ($15/dinner) ❑ YES ❑ NO Would you like to use the swimming pool and/or hot tub? ❑ YES ❑ NO Are you interested in a table massage if we have them? ❑ YES ❑ NO

To register, please send your check or money order payable to COVENANT WOMEN (full amount or $50 deposit - balance due April 1 **AND mail this sheet and Camp Mission Meadows Participant Agreement** and mail to:

Holly Dillaway

1814 W 4th St

Ashtabula, OH 44004

Cell: (440) 812-5409

Email: dillaway@windstream.net

**Camp Mission Meadows** 

**Participant Agreement - Signature Required**

5201 East Lake Rd, Rt. 430

Dewittville, NY 14728-0042

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Retreat/Event attending: \_ Spring 2024 Quilt Retreat\_**

I acknowledge that participation in the event described above (the “Event”), may involve risk to the Participant, and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the Event, the Participant acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Event.

The Participant accepts personal financial responsibility for any injury or other loss sustained during the Event or during transportation to and from the Event, as well as for any medical treatment rendered to the Participant that is authorized by Camp Mission Meadows or its agents, employees, volunteers, or any other representatives.

Further, the Participant releases and promises to indemnify, defend, and hold harmless Camp Mission Meadows or its agents, employees, volunteers, or any other representatives for any injury arising directly or indirectly out of the described Event or transportation to and from the Event, whether such injury arises out of the negligence of Camp Mission Meadows, the Participant, or otherwise.

The Participant gives consent to Camp Mission Meadows to photograph and record images and sound prints to be used in promotional materials.

The Participant agrees to comply with camp rules and procedures and understands that failure to comply may result in the Participant being dismissed from the Activity without refund and agrees that transportation from the Event will be the responsibility of the Participant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Participant Date

PLEASE MAIL THIS BACK IN WITH YOUR REGISTRATION FORM