

REGISTRATION FORM

Quilts of Valor Weekend Retreat - January 17-20, 2019
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 Thursday-Sunday (mid-day Thursday check-in). Price \$259/pp (based on double occupancy).

Includes three nights and meals Thursday Supper thru Sunday Breakfast \$259

(For Two Nights Only (Jan 18-20) with mid-day Friday check-in - subtract \$79/pp) _____

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

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 charge as shown below:

Single Room charge of +\$55 _____

TOTAL DUE _____

Less Deposit Check# _____ **Amount** _____

Balance Due NLT Dec. 1, 2018 _____

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 claims for injury, loss, or damages for any reason.

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

