

Ogallala Quilter's Society
 Ceta Canyon Retreat Registration Form
 September 27, 28 & 29, 2019
 Cost \$200.00 Members, \$220.00 Non-members

Please Print Clearly

Full Name	
Address	
City, State, Zip	
Phone Number	
Email Address	

4 Room Mates will be assigned to a room

Please list	1.
Names of	2.
3 Room mates	3.

Snacks (Home made is preferred)! The most important part of Retreat!

Please bring a snack to share throughout the weekend!

If your last name begins with:

A thru D—bring chocolate E thru H—bring a sweet snack I thru Z—bring a non-sweet snack

<input type="checkbox"/>	2019 Ceta Canyon Retreat	\$200.00
<input type="checkbox"/>	Membership Fee (add only if you are not currently an OQS member)	\$20.00

Please enter the TOTAL AMOUNT enclosed with this form.	\$
---	----

Signature _____ Date _____

Please send this Registration Form, Medical Release form and check made out to OQS to

Sherry Adkins
 3411 108th Street
 Lubbock, TX 79423

Ogallala Quilter's Society

Ceta Canyon Retreat Medical Release Form

We are aware of the Patient Privacy Act and understand if you choose not to disclose this information. However, we want to make sure you are taken care of correctly if the need arises. This form is filed and used for emergency purposes only.

I, _____ release Ceta Canyon and the Ogallala Quilter's Society of any responsibility for accidents that occur while visiting the facilities. I do release medical information inquired below in case of accident and it is needed for those purposes.

In case of emergency:

Please contact:	Phone:
Name of Family Physician:	Phone:
Preferred Hospital:	
Do you have any allergies or medical conditions we need to be aware of?	
List any medications you might be taking at this time:	

Signature: _____ Date: _____

(Your signature is required.)

Please mail Registration Form, Medical Release Form and check made out to OQS to
Sherry Adkins, 3411 108th St, Lubbock, TX 79423