



## Ogallala Quilters' Society Winter Experience Registration Form January 25 -28, 2024

*Please Print Clearly*

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

Please list names of 3 roommates <i>(4 will be assigned to a room)</i>	1.
	2.
	3.

**Snacks! The most important part of Retreat! Please check item(s) that you plan to bring.**

*Please bring a snack or breakfast item to share throughout the weekend!*

Savory Snacks \_\_\_\_\_ Sweet snacks \_\_\_\_\_ Breakfast item \_\_\_\_\_

OQS BOD's will provide: Juice, Milk, Butter

Retreat Cost		
<input type="checkbox"/>	4 Day Retreat – Thursday through Sunday	\$300
<input type="checkbox"/>	Membership Fee (dues are from January 1 – December 31)	\$25
<b>Please enter the TOTAL AMOUNT enclosed with this form.</b>		

Please check if you are going to take in Mini Mystery Quilt : We need this information so we can have enough supplies on hand:    Yes \_\_\_\_\_    No \_\_\_\_\_

Will you be attending Sunday lunch:    Yes \_\_\_\_\_    No \_\_\_\_\_

**If you cancel before January 12, there will be a non-refundable fee of \$25.  
If you cancel after January 12, there will be no refund.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Ogallala Quilters' Society Ceta Canyon Retreat Medical Release Form

<p>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.</p>	
<p>I, _____ release Ceta Canyon and the Ogallala Quilters' Society of any responsibility for accidents that occur while visiting the facilities. I do release medical information inquired below in case of accident and if it is needed for those purposes.</p>	
<b>In case of emergency:</b>	
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 \_\_\_\_\_

\_\_\_\_\_  
(You signature is required)

**Please mail the Registration Form and the Medical Release form  
along with your check to:**

**Tammy Tucker  
9910 County Rd. 1300  
Wolfforth, TX 79382**

## **Ogallala Quilters' Society**

### **Directions to Ceta Canyon Retreat Center**

#### **From Amarillo (North)**

Take I-27 south to exit #94 toward Wayside. Go east (left) on FM 285 for 8 miles until you see signs for the camp. Go north 2.5 miles into the camp. (Office is across from the mailboxes)

#### **From Lubbock (South)**

Take I-27 north to exit #94 toward Wayside. Go east (right) on FM 285 for 8 miles until you see signs for the camp. Go north 2.5 miles into the camp. (Office is across from the mailboxes)

#### **From Vernon (East)**

From US-287 take US-86 west. Follow the signs to TX-207 and head North. Go west on FM 285 past Wayside until you see signs for the camp. Go north on FM 1721 2.5 miles into the camp. (Office is across from the mailboxes)