Ogallala Quilters' Society
Winter Retreat Registration Form
January 28-31, 2027

Please Print Clearly

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

Please list names of 3 roommates *(4 will be assigned to a room)*	1.
	2.
	3.

Snacks or Breakfast Items to share throughout the weekend! Check which you would like to bring.

Non-sweet snack _____ Sweet snack _____

Breakfast Item: Cereal_____ Donuts/muffins_____ Bread/Bagels/ English Muffins, etc._____

Board of Directors will furnish: Orange Juice, Milk, Butter

Please list any food allergies or special dietary needs	_____

Retreat Cost:

4 Day Retreat – Thursday through Sunday	$325
Membership Fee (add only if you are not currently an OQS member)	$25

Please enter the TOTAL AMOUNT enclosed with this form.	

Will you be attending Sunday lunch: Yes_____ No_____

If you cancel before January 1st, there will be a non-refundable fee of $25.
If you cancel after January 11th, there will be no refund.

Signature_____ Date_____

Please mail this Registration Form and the Medical Release form along with your check to:
MONIQUE MERCER 1216 E. 12TH ST ODESSA, TX 79761

Ogallala Quilters' Society
Winter 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 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.

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)