

Ogallala Quilters' Society
Fall Retreat Registration Form
September 24 – 27, 2020 (Optional 3 or 4 Day Retreat)

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! The most important part of Retreat!
Please bring a snack to share throughout the weekend!
If your last name begins with:
A thru G – bring a non - sweet snack H thru Z – sweet snack

Retreat Cost		
<input type="checkbox"/>	4 Day Retreat – Thursday through Sunday	\$275
<input type="checkbox"/>	3 Day Retreat – Friday through Sunday	\$200
<input type="checkbox"/>	Membership Fee (add only if you are not currently an OQS member)	\$20

Please enter the TOTAL AMOUNT enclosed with this form.

Will you be attending Sunday lunch: Yes_____ No_____

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

Signature _____ Date _____

**Please mail this Registration Form and the Medical Release form
along with your check to: Sherry Adkins, 3411 108th St., Lubbock, TX 79423**

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)