

Ogallala Quilter's Society
 Winter Retreat Registration Form
 February 1, 2, & 3, 2019
 Cost \$200.00

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 K—bring a sweet snack L thru Z—bring a non-sweet snack

<input type="checkbox"/>	2019 Winter Retreat	\$200.00
<input type="checkbox"/>	Memberhip Fee (add only if you are not currently an OQS member)	\$20.00
I would like to participate in the following demonstrations:		
<input type="checkbox"/>	Making Chenille Fabric	Free
<input type="checkbox"/>	Felting with Trecia's Wool	Free
<input type="checkbox"/>	Quilt-As-You-Go (One Method)	Free
<input type="checkbox"/>	Quilting with Panels	Free
Please enter the TOTAL AMOUNT enclosed with this form.		\$

If you cancel before January 22, 2019, there will be a non-refundable fee of \$25. If you cancel after January 22, 2019, there will be no refund.

Signature _____ Date _____

Please send this Registration Form, Medical Release form and check made out to OQS by January 15, 2019 to

Jean Grimes, 21103 FM 179, Wolfforth, TX 79382

Ogallala Quilter's 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 Mercy Retreat Center 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.)

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