

Brandon Quilters Annual Fall Quilt Retreat September 21-24, 2017

Please complete numbers 1-9

1. Name: _____
2. Home Phone: _____ Cell Phone: _____
3. Email Address: _____
4. Emergency Contact Name: _____
5. Emergency Contact Number: _____
6. Type of Room Accommodations: with the exception of three rooms all rooms have two double beds. Upstairs one room with three double beds. Downstairs one room with one double bed and one room with one double bed and one twin bed (This is a handicap room.) First come first served in getting rooms downstairs. All roommates must have paid deposit before room is assigned.
Check One

Single Room Occupancy Double Room Occupancy
 Triple Room Occupancy Quad Room Occupancy
 Handicap Room

Room Rates: Single room occupancy.	\$390.00
Double room occupancy.	\$284.00
Triple room occupancy.	\$245.00
Quad room occupancy.	\$180.00

7. Requested Roommates: 1. _____ 2. _____
3. _____ 4. _____
8. Arrival Time: Daily rates include lodging and meals. To correctly charge you and let the lodge know how much food to prepare, please check your expected arrival time below:
 Thursday: before 8:00 AM before Noon before 6:00 PM after 9:00 PM—no meals
 Friday: before 8:00 AM before Noon before 6:00 PM after 9:00 PM—no meals
 Saturday: before 8:00 AM before Noon before 6:00 PM after 9:00 PM—no meals

9. Fee for Retreat: Includes lodging, 2 meals Thursday, three meals Friday and Saturday, 2 meals Sunday, and meeting room for sewing.

\$50.00 due at registration (this is non-refundable, but is transferable); balance due by September 11. Registration due by to August 1.

Fees must be in to Missy Lee prior to retreat, no later than September 11, 2017.

Make Check payable to Brandon Quilters and note on check "2017 Fall Quilt Retreat"
Mail registration form and checks to: Missy Lee, 889 County 472, Pinola, MS 39149

Do not write below line.

NAME: _____

1. Amount Paid \$ _____ Date Paid: _____
 Cash Check Check Number: _____
2. Amount Paid \$ _____ Date Paid: _____
 Cash Check Check Number: _____
3. Amount Paid \$ _____ Date Paid: _____
 Cash Check Check Number: _____
4. Amount Paid \$ _____ Date Paid: _____
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6. Amount Paid \$ _____ Date Paid: _____
 Cash Check Check Number: _____
7. Amount Paid \$ _____ Date Paid: _____
 Cash Check Check Number: _____
8. Amount Paid \$ _____ Date Paid: _____
 Cash Check Check Number: _____