

# Brandon Quilters Annual Fall Quilters Retreat September 19-22, 2024

Please complete numbers 1-8

1. Name: \_\_\_\_\_
2. Home Phone: \_\_\_\_\_
3. Email Address: \_\_\_\_\_
4. Emergency Contact Name and Phone Number: \_\_\_\_\_
5. 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 Occupancy	_____ Double Occupancy
_____ Triple Occupancy	_____ Quad Occupancy
_____ Handicap Room	

Room Rates:	Single	\$410.00
	Double	\$310.00
	Triple	\$280.00
	Quad	\$250.00

6. Requested Roommate(s): 1 \_\_\_\_\_ 2 \_\_\_\_\_  
3 \_\_\_\_\_ 4 \_\_\_\_\_

7. 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:
8. \_\_\_ Thursday: \_\_\_ before 8:00 AM; \_\_\_ before Noon; \_\_\_ before 6:00 PM  
 \_\_\_ Friday: \_\_\_ before 8:00 AM; \_\_\_ before Noon; \_\_\_ before 6:00 PM  
 \_\_\_ Saturday: \_\_\_ before 8:00AM; \_\_\_ before Noon; \_\_\_ before 6:00 PM  
 Other: \_\_\_\_\_

9: Fees for Retreat: Includes lodging, 2 meals Thursday, three meals Friday and Saturday, 2 meals Sunday, and meeting room for sewing. **NOTE: Everyone will need to bring their own electrical reel/extension cord and table risers. The Guild will no longer supply these.**

### Dietary Needs \_\_\_\_\_

**\$50.00 due at registration (this is non-refundable, but is transferable); balance due by August meeting date, Registration due by June meeting date.**

Fees must be in to Ann Callender prior to retreat, no later than **August meeting 2024**

. Make checks payable to Brandon Quilters and note on check "2024 Fall Quilters Retreat. Mail Registration/checks to Ann Callender 19 Old Bridge Cove, Bryam, MS 39272.

Do not write below line.

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Name: \_\_\_\_\_

1. Amount Paid \$ _____	Date Paid _____	Cash/check number _____
2. Amount Paid \$ _____	Date Paid _____	Cash/check number _____
3. Amount Paid \$ _____	Date Paid _____	Cash/check number _____
4. Amount Paid \$ _____	Date Paid _____	Cash/check number _____
5. Amount Paid \$ _____	Date Paid _____	Cash/check number _____
6. Amount Paid \$ _____	Date Paid _____	Cash/check number _____

