

Brandon Quilters Annual Fall Quilters Retreat September 18-21, 2025

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 | \$415.00 |
| | Double | \$300.00 |
| | Triple | \$267.00 |
| | Quad | \$245.00 |

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 2025.

Make checks payable to Brandon Quilters and note on check "2025 Fall Quilters Retreat. Mail Registration/checks to Ann Callender 19 Old Bridge Cove, Bryam, MS 39272.

Do not write below line.

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 _____ |