Brandon Quilters
Annual Fall Quilters Retreat
September 17-20, 2026

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 and sewing table 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 2026.

Make checks payable to Brandon Quilters and note on check "2026 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_____**