

Attendee Registration Form
7th Annual Brunswick Quilters Retreat
October 26 – 30, 2009

PLEASE PRINT

Name: _____

Address: _____

Home Phone: _____ **Cell Phone** _____

E-mail _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Physician Name and Phone: _____

Medical Problems: _____

Medications: _____

Drug/Food Allergies: _____

Retreat Roommate name: _____

Cost for the retreat is \$250.00. Deposit of \$175.00 due by July 14, 2009. Balance of \$75.00 due by October 1st 2009. NO refunds after September 1st.

I understand that Brunswick Quilters is not responsible for loss of property or injury to person during the retreat.

Sign _____

Date _____

RETURN COMPLETED FORM with your Deposit of \$175.00 no later than July 14th to Brunswick Quilters, PO Box 1074, Shallotte, NC 28459