

REGISTRATION FORM

REGION OF YORK QUILTERS GUILD - RETREAT

Nottawasaga Inn - (Thursday, Jan. 26 – Sunday, Jan. 29, 2017)

NAME: _____

E-MAIL: _____

TELEPHONE: _____

SELECT YOUR ARRIVAL DATE:

ARRIVE THURSDAY

☐

ARRIVE FRIDAY

☐

I WILL ROOM WITH: _____

LIST SPECIAL DIETARY CONCERNS: _____

INSTALLMENTS:

1st – Date: _____ Cash ☐ Cheque ☐ #: _____ \$: _____ rec'd by: _____

2nd – Date: _____ Cash ☐ Cheque ☐ #: _____ \$: _____ rec'd by: _____

3rd – Date: _____ Cash ☐ Cheque ☐ #: _____ \$: _____ rec'd by: _____

OTHER NOTES: _____
