

Attendee Registration Form
8th Annual Brunswick Quilters Retreat
October 18 – 22, 2010

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 \$275.00. Deposit of \$175.00 due by July 13. Balance of \$100.00 due by October 1st 2010. NO refunds after September 1st.

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

Sign _____ **Date** _____

RETURN COMPLETED FORM with your Deposit of \$175.00 no later than July 13th to Brunswick Quilters, PO Box 1074, Shallotte, NC 28459