

**COTTONWOOD QUILT GUILD**

Retreat

January 18 – 21, 2018

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**RATES**

Thursday		
# in Room	Cost	
<input type="checkbox"/> 1 - \$133	\$	
<input type="checkbox"/> 2 - \$105		
<input type="checkbox"/> 3 - \$ 97		
<input type="checkbox"/> 4 - \$ 82		
<b>Thursday Total</b>	\$	

Friday		
# in Room	Cost	
<input type="checkbox"/> 1 - \$155	\$	
<input type="checkbox"/> 2 - \$123		
<input type="checkbox"/> 3 - \$109		
<input type="checkbox"/> 4 - \$ 98		
<b>Friday Total</b>	\$	

Saturday		
# in Room	Cost	
<input type="checkbox"/> 1 - \$155	\$	
<input type="checkbox"/> 2 - \$123		
<input type="checkbox"/> 3 - \$109		
<input type="checkbox"/> 4 - \$ 98		
<b>Saturday Total</b>	\$	

Subtotal \$ \_\_\_\_\_ Less Deposit \$ \_\_\_\_\_ Amount Due \$ \_\_\_\_\_

Check # \_\_\_\_\_

**ROOMMATES**

Check here if you need roommates.

- 1. Me 😊
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Please state if you have any special needs or medical conditions.

**DIETARY NEEDS**

If you have a medically necessitated need for a special diet, please contact Dana at CJH and discuss your specific needs. 1-888-656-6254 or [djahn@nlom.org](mailto:djahn@nlom.org)

**WINE & CHEESE (Friday evening)**

Yes  No Are you interested in participating?

**BOOK CLUB (Saturday evening)**

Yes  No Are you interested in participating?

**MASSAGE** (Saturday afternoon) – More info to follow – Thanks Kay Sieck for coordinating massages!

**DAYTIME ONLY**

Don't want to spend the night? A limited number of spots are available at \$45 per day, includes lunch and dinner.

**REGISTRATIONS** – Half of your total cost is due with your registration and the balance is due by December 31, 2017. Mail to Carol Coniglio, 15155 Tibbles St., Omaha, NE 68116 by December 31<sup>st</sup>.

Questions? 402.659.3069 or [cac616@cox.net](mailto:cac616@cox.net)