



## Gulf States Quilting Association Fall Retreat

**Date:** **November 16 – 19, 2017**

**Time:** 9am on Thursday, November 16<sup>th</sup> till 3pm on Sunday, November 19<sup>th</sup>

**Where:** Judson Baptist Retreat Center  
10330 Paterson Road  
St. Francisville, LA. 70775

### Lodging Cost:

**Option 1 – 2 nights single room including 7 meals – \$183.00 – This would be arriving on Friday morning.**

**Option 2 – 2 nights double room including 7 meals - \$155.00 – This would be arriving on Friday morning.**

**Option 3 – 3 nights double room including 7 meals - \$170.00 – This would be arriving on Thursday morning.**

**Option 4 – 3 nights single room including 7 meals – \$198.00 – This would be arriving on Thursday morning.**

**Registration for this retreat is limited to 20 rooms. Please return your registration immediately. Once the 20 rooms are reserved a waiting list will be maintained.**

**More details about the activities at the retreat will be distributed in future communication.**

**If you have any questions, please email [mcaruso@laitram.com](mailto:mcaruso@laitram.com).**

# Gulf States Quilting Association Fall Retreat

## Registration Form (Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Information: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

I release Gulf States Quilting Association (GSQA) from any liability for theft, property damage or personal injury while participating in or attending any or all functions and meetings of **Gulf States Quilting Association Fall Retreat**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You must be a member in good standing with current GSQA membership to attend this event. If you are not currently a member, complete the membership form and send in dues with registration form. **A \$100 non-refundable deposit is due with your registration form.** The balance of your registration fee must be paid in full by October 1, 2017. Cancellations will be processed on an incident bases and refunds will be issued appropriately. Emergencies arise which will be considered in the event you cannot attend and require a refund.

Please complete both forms and return with your check immediately to:

Mary Ann Caruso  
212 Maple Ridge Dr.  
Metairie, LA 70001

**Please make the check payable to GSGA for either the \$100 deposit or if you would like you can pay the full amount for the option you chose.**

I am sending check # \_\_\_\_\_ for \$ \_\_\_\_\_ for option \_\_\_\_\_

I want a single room. \_\_\_\_\_

I would like to share a double room with \_\_\_\_\_.

I need a roommate for a double room. \_\_\_\_\_

If a roommate cannot be found, you will have to pay for a single room.

# EMERGENCY FORM

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

Please provide 2 persons to contact in case of emergency and let them know you have given us this information.

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

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Physician's Name and Phone Number: \_\_\_\_\_

Anything special we should know about your health:

\_\_\_\_\_

Allergies (if any)

\_\_\_\_\_