



Gulf States Quilting Association February Retreat

Date: **February 2 – 4, 2018**

Time: 9am on Friday, February 2nd till 3pm on Sunday, February 4th

Where: Beckwith Camp and Retreat Center
 10400 Beckwith Lane
 Fairhope, AL. 36532

Lodging Cost:

Option 1 – 2 nights single room including meals – \$262.00 – This would be arriving on Friday morning.

Option 2 – 2 nights double room including meals - \$210.00 – This would be arriving on Friday morning.

Registration for this retreat is limited to 40 attendees. Please return your registration immediately.

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

If you have any questions, please email 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 February 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. **Please include your check for the option you choose, single or double.** 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 the full amount for the option you choose.

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)
