2 Night Spring Retreat, April 15-17, 2024, Registration Form

Check in any time after 9 AM on Monday, April 15 & Check out before noon on April 17.

Please return this form with a deposit of one half the amount due at the December meeting. Please pay the rest of the balance at the January guild meeting. Once I have at least half the funds the guild will sign a contract for that number of rooms. THERE ARE NO REFUNDS! Other guild members can sign up later but it will depend on if there are rooms available since the 4H Center rents to more than one group at a time.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Who do we contact if you need medical assistance?

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drs Name and phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach list of medications to this form or bring the medication list to the retreat.

Do you have any dietary requirements? Gluten free meals are available if they know well in advance but they do not have a gluten free kitchen. They do not do diabetic meals or sugar-free desserts. There is an upcharge for Vegan or Vegetarian.

Do you have any roommates lined up for retreat?

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (For double or triple room)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (For triple room)

Which option are you paying for? \*

1. Check choice below:

\_\_\_\_\_\_\_$329.00 per person - 2 nights (single occ), 6 meals (LD 4/15, BLD 4/16, B 4/17), 1 meeting room, continuous beverage service.

\_\_\_\_\_\_\_$290.00 per person - 2 nights (double occ), 6 meals (LD, BLD, B), 1 meeting room, continuous beverage service.

\_\_\_\_\_\_\_$256.50 per person - 2 nights (triple occ), 6 meals (LD, BLD, B), 1 meeting room, continuous beverage service.

1. Day rate if you don’t want to stay overnight:

\_\_\_\_\_\_\_$36 per day for LUNCH ONLY, 1 meeting room, continuous beverage service. Please circle the days you will be paying for: M T

\*Note: There may be a small additional amount collected at retreat to cover the insurance cost. At the October retreat it was $6. The cost of the insurance is divided by the number of people at retreat.

Nola Abraham, Retreat Coordinator, Home Phone: 501-915-9533, Cell: Email Address: [nola4190@gmail.com](mailto:nola4190@gmail.com)

Total Amount Due\_\_\_\_\_\_\_\_\_\_\_

Amount Paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_ or Check #\_\_\_\_\_\_ Balance Due\_\_\_\_\_\_\_\_

Amount Paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_ or Check #\_\_\_\_\_\_ Balance Due\_\_\_\_\_\_\_\_