

**REGISTRATION - 5th RETREAT DELMARVALOUS QUILTERS
SEPTEMBER 30, OCTOBER 1, 2, 3, 2024**

Name _____

E-Mail _____

Phone # _____

Dietary Needs _____

Emergency Contact:

Name _____

Phone # _____

Relationship _____

4 Days _____

3 Days _____

Single _____

Double _____

Floor 1st _____

Floor 2nd _____

Roommate _____

Non-Refundable \$50.00 Deposit Paid:

Cash _____ Check # _____

Date _____

Total Fee Paid:

Amount \$ _____

Cash _____ Check # _____

Date _____

THANK YOU !!!