

Your Name _____ Check if this is your first retreat _____

Please check the nights you are likely to stay overnight at the Howard Johnson Lima.

_____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday

Please describe special needs you have (if any) _____

What is your seating preference? (please list people by name, **not** just the club name)

_____	_____
_____	_____
_____	_____
_____	_____

Remember to bring your WCOQG Neck Wallet from the last retreat! Replacement wallets will be available for a \$2.00 donation. Neck wallets will be provided to those who are new to Retreat in 2025.

OPTIONAL: Please provide your Emergency Contact Person Information

Name: _____ Phone _____

Disclaimer: Your attendance and participation in the 2025 WCOQG Winter Retreat, January 16 - 20, 2025 are at your own risk. You agree to hold the Howard Johnson Lima and its staff and the West Central Ohio Quilter's Guild and event planners harmless of any and all liability resulting from the Covid 19 virus pandemic.

Also, you understand that Retreat Fees are not refundable unless the Retreat is cancelled.

Please sign below:

Your Signature _____ Date _____