

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? (list people by name) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Our largest member club, Town and Country, has volunteered to set up the Thursday night reception and supervise the Monday lunch. We are looking for two more volunteer clubs or Independent groups who are willing to host either the Friday Lunch or the Saturday Lunch. (All food is provided) All other meals will need volunteers to help set up, cleanup, and supervise.

**Our Club \_\_\_\_\_ will help \_\_\_\_\_ Friday Lunch or \_\_\_\_\_ Saturday Lunch**

**\_\_\_\_\_ I would be glad to do my part and help at one of the meals not taken on by a club**

**CHECKLIST:**

- \_\_\_\_\_ 1. I have checked all meals on the front that I will be attending  
\_\_\_\_\_ 2. I have checked all the classes I want to attend  
\_\_\_\_\_ 3. I am a 2021 WCOQG member and have included my \$85 retreat registration fee with my \$15 WCOQG 2022 membership dues for a total of \$100 in my "carefully filled out" membership envelope  
\_\_\_\_\_ in a check made out to WCOQG or \_\_\_\_\_ I've enclosed cash

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 2022.

**Registration fees are not refundable unless Retreat is cancelled**

**OPTIONAL:** Please provide your Emergency Contact Person Information

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

Disclaimer: Your attendance and participation in the 2022 WCOQG Winter Retreat, January 13 - 17, 2022 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.

Please sign below:

Your Signature \_\_\_\_\_ Date \_\_\_\_\_