

**STITCHING FRIENDS RETREAT REGISTRATION
"REFLECTIONS OF AMERICANA"**

NAME _____

ADDRESS _____

E-MAIL ADDRESS _____

PHONE: Day _____ **Evening** _____

EMERGENCY Contact & Phone _____

SINGLE ROOM (\$575) _____ **DOUBLE ROOM (\$550)** _____

ROOMMATE(S): _____

COMMUTER (\$450) _____

Do you have any special needs that we should be aware of? _____

Date Registration Fee Paid _____ Amount Paid _____

Name Tag Kit: Given _____ Mailed _____

Balance Due _____ Date Due _____

Date Balance Paid _____