

STITCHING FRIENDS RETREAT REGISTRATION
"TOUCH OF AUTUMN"

NAME _____

ADDRESS _____

E-MAIL ADDRESS _____

PHONE: Day _____ Evening _____

EMERGENCY CONTACT _____

PHONE _____

SINGLE ROOM (\$600) _____ DOUBLE ROOM (\$600) _____

ROOMMATE(S):

COMMUTER (\$500) _____ DEPOSIT (\$250) _____

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

REGISTRATION FEE _____ PAID _____
NAME TAG KIT Given _____ Mailed _____
BALANCE OF _____ PAID _____
<div style="border: 2px solid black; width: 150px; height: 50px; margin-left: auto;"></div>