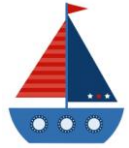


PATCHWORK BY THE LAKE – 2022

14th Annual Quilter’s Retreat – Sponsored by Sinnissippi Quilters
November 10 – 13, 2022 Quilt Retreat Registration Form



Name _____
Address _____
City, State, Zip _____
Emergency Contact _____

Cell Phone _____
E-Mail _____
Emergency Contact Phone _____
Food Allergies/Sensitivities _____

Saturday Dinner is included with this year’s retreat. If you will be going out, check the highlighted box and deduct that amount from your total.

We cannot mandate vaccinations or masks. However, if you have not been vaccinated, we strongly recommend that you wear a mask (except for meals) for your protection.

Options: Pick One Column

Thursday Check in: 4 PM

Triple Occupied Room <input type="checkbox"/>	Quad Occupied Room <input type="checkbox"/>
Base Price (Friday – Sunday) \$270 <input type="checkbox"/>	Base Price (Friday – Sunday) \$230 <input type="checkbox"/>
Thursday Evening \$40 <input type="checkbox"/>	Thursday Evening \$30 <input type="checkbox"/>
Going out Saturday for dinner -\$15 <input type="checkbox"/>	Going out Saturday for dinner -\$15 <input type="checkbox"/>
Total (due at registration) _____ <i>Make checks payable to Sinnissippi Quilters</i>	Total (due at registration) _____ <i>Make checks payable to Sinnissippi Quilters</i>
Roommates : _____ _____	Roommates : _____ _____

Total payment is due at time of registration. No refunds for cancellations after October 15th.

Waiver – Signature Required

Attendance and participation in Patchwork by the Lake Retreat activities or events, whether paid for or not is strictly conditional upon your agreement never to assert or make claim against Sinnissippi Quilters, Inc, Retreat coordinators or Covenant Harbor for bodily injury, loss or damage suffered or incurred by you as a result of attending or participating in our activities. ALL REGISTRANTS ATTENDING THIS RETREAT MUST SIGN THIS WAIVER INDICATING ACCEPTANCE OF ALL TERMS AND CONDITIONS OF THE RETREAT. REGISTRATION CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE.

Date: _____ Signed _____

All change requests must be submitted in writing via mail or e-mail

Return form to:

Marie Tovo
3186 Valley Woods Drive

Cherry Valley, IL 61016
815-871-0991; mtovo2953@gmail.com

For Retreat Administration Only:

Payment _____ Date: _____