2027 NCQG RETREAT REGISTRATION FORM

MONDAY, APRIL 5 – THURSDAY, APRIL 8, 2027

Payment Amt: _____
Check #:_____ attached
____Paid online
Date Payment Rec'd:_____

PLEASE COMPLETE:

Name:_____Address:_____
Street, city, (please include zip code)

Phone Numbers:(cell)_____(home)_____ Email:_____

Emergency Contact Name _____Phone No._____

I PLAN TO ATTEND: (Choose One) **(Registration fee is subject to change until contract with Retreat Center is signed.)**

_____ **Two nights $ 475** ___Mon ____Tues ____Wed (please indicate) _____ **Three nights $675**

Name of Roommate:_____ *Single Occupancy rooms may be available for an additional fee.*

I prefer a room located: _____Ground Level _____Upstairs _____Handicap Accessible

There is no elevator on the premises. We will try to accommodate your preferences, however, we cannot guarantee room locations.

Special Requests: Dietary/Other_____

A $150 deposit must accompany this form to hold your spot. ***(Cancellations will be handled on a case by case basis.)***

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I acknowledge that I have voluntarily applied to participate in the "North Cities Guild Quilt Retreat" to be held April, 2027, in Temecula, California (collectively referred to as the "Retreat"). Travel to and from Retreat Center and quilt-related activities are also covered by this waiver of liability.

As consideration for being permitted to attend and participate in the Retreat I forever release the Retreat organizers, any Retreat affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE RETREAT AND MYSELF AND SIGN IT OF MY OWN FREE WILL.

_____ _____
Signature of Participant Date

This form, with your deposit/payment is required to hold your spot. Please make check payable to: NORTH CITIES QUILT GUILD

Your payment may be made in person at a Guild General Meeting, on-line at the Guild website, or via mail-in to P.O. Box 376, Yorba Linda, CA 92885