

2024 Carson Valley Quilt Guild Retreat

Application

Name: _____

Address: _____

Telephone: _____ text: _____

E-mail: _____

Emergency Contact:

Name: _____

Telephone: _____

Special needs/dietary restrictions: _____

Roommate: _____

We will do our best to accommodate roommate requests.

Payment: Please make checks payable to: CVQG or Carson Valley Quilt Guild.

Date: _____ Amount: _____ Check#: _____ Cash _____

Date: _____ Amount: _____ Check#: _____ Cash _____

Date: _____ Amount: _____ Check#: _____ Cash _____

Date: _____ Amount: _____ Check#: _____ Cash _____

Date: _____ Amount: _____ Check#: _____ Cash _____

Date paid in full: _____ Total: _____