

Registration Form - 2011 Southeast Statler Retreat

Name: _____ Phone: _____

Address: _____

Email Address: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____


Dietary Requests: _____

I would like to room with: _____ or Please assign me a room mate _____

Please write the 4-digit class numbers of your top 3 choices for each session in the form below. All classes are limited in size and will be filled in the order of the receiving date of this registration form. You may choose to leave a session blank for free time or indicate the desire for Statler Lab time (please see page 1 for description of Statler Lab time).

Session	Thursday, March 3	Friday, March 4	Saturday, March 5
Session 1	1. _____ Would you like to use this session for Lab Time? 2. _____ 3. _____ Yes ___ No ___	1. _____ Would you like to use this session for Lab Time? 2. _____ 3. _____ Yes ___ No ___	1. _____ Would you like to use this session for Lab Time? 2. _____ 3. _____ Yes ___ No ___
Session 2	1. _____ Would you like to use this session for Lab Time? 2. _____ 3. _____ Yes ___ No ___	1. _____ Would you like to use this session for Lab Time? 2. _____ 3. _____ Yes ___ No ___	1. _____ Would you like to use this session for Lab Time? 2. _____ 3. _____ Yes ___ No ___
Session 3	1. _____ Would you like to use this session for Lab Time? 2. _____ 3. _____ Yes ___ No ___	1. _____ Would you like to use this session for Lab Time? 2. _____ 3. _____ Yes ___ No ___	1. _____ Would you like to use this session for Lab Time? 2. _____ 3. _____ Yes ___ No ___
Session 4	1. _____ Would you like to use this session for Lab Time? 2. _____ 3. _____ Yes ___ No ___	1. _____ Would you like to use this session for Lab Time? 2. _____ 3. _____ Yes ___ No ___	1. _____ Would you like to use this session for Lab Time? 2. _____ 3. _____ Yes ___ No ___

A Non-Refundable \$300.00 Deposit Fee is due when registering. Please include your non-refundable deposit payment (checks only - made payable to "The Quilt Artistry Studio") with this Registration Form. The Balance of the Retreat Payment is due on or before January 5, 2011. Questions?? Please contact Al & Barbara Hutchins (The Quilt Artistry Studio) phone: 910-425-8966 or email: info@quiltartistrystudio.com or Mary Holloway (Pat's Calico Cottage) phone: 770-978-9551 or email: walker.richard@comcast.net.

<p>Please send your Registration Form and Non-Refundable Deposit Payment of \$300.00 (checks only - made payable to: The Quilt Artistry Studio) to:</p> <p style="text-align: center;">The Quilt Artistry Studio 2033 Wood Duck Drive Fayetteville, NC 28304</p>		Deposit (due with registration form)	Balance (due on or before January 5, 2011)	Total Fee
	Double Room	\$300.00	\$495.00	\$795.00
	Single Room	\$300.00	\$695.00	\$995.00
	Non-Student Spouse or Guest	\$300.00	\$195.00	\$495.00 <i>(Double Room & Meals)</i>

