

Midland Quilters Guild

Valley Ranch Retreat Center Camp Wood, TX
valleyranchretreat.com 3 hrs 45 mins from Midland

July 27-30, 2023

Please Print Clearly

Full Name _____

Address _____

City, State, Zip _____

Phone Number _____

Email address _____

List of names of 3 roommates 1. _____

2. _____ 3. _____

We will prepare our own meals. A group of 3-4 members will be responsible for **one** meal. A schedule will be included with your confirmation information as to which meal you are responsible for. Nothing fancy, remember we are going to relax! You are responsible for the cost of what you bring. The retreat center has a full kitchen with all the supplies needed for cooking and serving. Guild will be responsible for paper plates, napkins, plastic utensils and plastic cups

Food allergies _____

Retreat cost, Friday, Saturday, Sunday \$150.00 guild membership only

Retreat cost, Thursday, Friday, Saturday, Sunday \$225.00 guild membership only

Make checks payable to: **Midland Quilters Guild**

If you cancel before July 17, there will be a non-refundable fee of \$25. If you cancel after July 17, there will be no refund.

Signature _____ Date _____

Please mail this Registration form and the Medical Release form

along with your check to:

Becky Holley

6000 S. County Road 1210

Midland, TX 79706

Midland Quilters Guild

Valley Ranch Retreat Center Medical Release form

July 27-30, 2023

We are aware of the Patient Privacy Act and understand if you choose not to disclose this information. However, we want to make sure you are taken care of correctly if the need arises. This form is filed and used for emergency purposes only.

I, _____ release Valley Ranch Retreat Center and the Midland Quilters Guild of any responsibility for accidents that occur while visiting the facilities. I do release medical information inquired below in case of accident and if it is needed for those purposes.

In case of emergency: **Please Print Clearly**

Please contact: _____ Phone: _____

Name of Family Physician: _____ Phone: _____

Preferred Hospital: _____

Do you have any allergies or medical conditions we need to be aware of?

List any medications you might be taking at this time: _____

Signature _____ Date _____

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