Greater San Antonio Quilt Guild 29th Annual Winter Quilt Retreat **4 days: January 23 – 26, 2025** SIGN-UP AND MEDICAL EMERGENCY INFORMATION SHEET

I am choosing:

Th - Su _____

F-Su

Name						
Email Address						
Phone	Home/Cell					
Emergency Contact						
Emergency Contact Phone(s)						
Physician's name	Phone Number					
Any medical conditions / food allergies that	at we need to know about					
Do you need a shower chair? YES	No					
Can you wear a MAGNETIC name tag?	Yes NO					
Roommate Preferences						
Tablemate preferences						
Please do not put me near						
Favorite Color	Favorite Animal					

The fee for the 2025 Winter Retreat is \$260 for 3 days and \$350 for 4 days to be paid in two payments. The first payment is \$175 the balance (\$85 for 3 days, \$175 for 4 days) is due by the November guild meeting.

Participants Agreements:

1) Guild membership is required in order to register for summer retreat.

2) Deposits will be accepted at the July 2024 guild meeting. Full payment is due by November 9, 2024 guild meeting.

3) Waiting List: No money is required from waiting list participants, but the Information Sheet and payment are required in order to be moved to the Roster. Refunds: Your slot may be filled from a priority waiting list or you must have a designated replacement participant who encumbers all required fees. In the event there is no waiting list or you have no designated participant that is paid in full, no refund will be given due to contractual responsibilities as the event is self-supporting. ______ (Initial)
4) Any person (s) creating a verbal or physical situation that leads to the disruption of or the feeling of being unsafe at a retreat will be immediately removed from the premises of the retreat.

a) No monetary fees for the retreat will be returned. _____ (Initial)

b) The person (s) in charge of such retreat has the responsibility to enforce the above and gain assistance from legal enforcement, if necessary, to maintain the safe and productive environment.

c) The board may reserve the option of barring the said individuals from attending an event for a period of time and / or removing such individuals from guild membership. ______ (Initial) 5) I understand that I am voluntarily participating in this event / meeting. In doing so, I agree to indemnify and hold harmless GSAQG, guild officers, event chairs and co-chairs against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If GSAQG, guild officers, event chairs and co-chairs incurs any of these types of expenses, I agree to reimburse the amount being charged. ______ (Initial)

If you have questions, call/email Melissa Allo at 210-387-6495 or Melissa_777@earthlink.net

Payments:

July \$	Aug \$	Sept \$	Oct \$	Nov \$	PIF	Membership Check
CK/CA/CC	CK/CA/CC	CK/CA/CC	CK/CA/CC	CK/CA/CC		2024
						2025