



Registration Form - Quilt Arkansas 2017

| | |
|-------------------|-------------|
| Name: | Cell Phone: |
| Address: | Home Phone: |
| City, State, Zip: | |
| Email: | |

Class Selections:

Select classes and list in order of preference. There will be a limit to the number of students in each class. If your class selection is full, you will be enrolled in your alternate choice and you will be contacted. Classes will be filled as the registration forms are received. An e-mail or letter of confirmation will be sent prior to the workshop to confirm your registration for each class. Refer to the brochure of classes for detailed information and supply lists. Use your first choice for your class fee amount. Kit fees are listed with each class.

| Thursday Sept. 7 Full Day | Thursday Sept. 7 Morning | Thursday Sept. 7 Afternoon | Friday Sept. 8 Full Day | Saturday Sept. 9 Full Day | Saturday Sept. 9 Morning | Saturday Sept. 9 Afternoon |
|--|--|--|--|--|--|--|
| 101S - \$70 102V - \$70 103N - \$70 104A - \$70 105J - \$70 106X - \$15 | 107aR - \$35 106aX - \$7.50 | 107bR - \$35 106bX - \$7.50 | 201J - \$70 202V - \$70 203N - \$70 204A - \$70 205C - \$70 206R - \$70 207G - \$70 208X - \$15 | 301B - \$70 302M - \$70 303A - \$70 304C - \$70 305G - \$70 306X - \$15 | 307aR - \$35 306aX - \$7.50 | 308bS - \$35 306bX - \$7.50 |
| 1 st Choice: 2 nd Choice: | 1 st Choice: 2 nd Choice: | 1 st Choice: 2 nd Choice: | 1 st Choice: 2 nd Choice: | 1 st Choice: 2 nd Choice: | 1 st Choice: 2 nd Choice: | 1 st Choice: 2 nd Choice: |
| Class Fee: | Class Fee: | Class Fee: | Class Fee: | Class Fee: | Class Fee: | Class Fee: |
| Kit Fee: | Kit Fee: | Kit Fee: | Kit Fee: | Kit Fee: | Kit Fee: | Kit Fee: |
| Total for Thursday: _____ | | | Friday: _____ | Total for Saturday: _____ | | |
| Total Class and Kit Fees for September 7-9: \$ _____ | | | | | | |

Transfer Class/Kit Fees to Page 2

Yes - I want to be a Teacher's Pet - Let me know if I am selected. I have a dog cat both neither.

For Registrar: Reg #

Date/Time Rcvd:

Amount Rcvd:

Name:

Register for a room on this sheet. Circle the appropriate space and indicate roommate preference (please ask the person if they want to be your roommate before putting their name on this form). IF NO ROOMMATES ARE LISTED, ROOMMATES WILL BE ASSIGNED. Do not contact the C. A. Vines Arkansas 4-H Center regarding your lodging and/or roommate preferences. Contact the Quilt Arkansas 2017 registrar (information below) with questions. Due to space limitations, single occupancy is very limited.

One to Three Registrants per Room. Circle the appropriate nights for lodging.

| Lodging | Wed Sept 6 | Thu Sept 7 | Fri Sept 8 | Sat Sept 9 | Total Sept 6-9 | Roommates (list all persons staying in group; leave blank if no preference) |
|-------------|---------------|---------------|---------------|---------------|-------------------|---|
| Triple Rate | \$40 | \$40 | \$40 | \$40 | \$ | 1 |
| Double Rate | \$55 | \$55 | \$55 | \$55 | | 2 |
| Single Rate | \$65 | \$65 | \$65 | \$65 | | 3 |

All meals for the 3 day workshop are a la carte. Please circle the appropriate blocks for the meals you wish to eat. It is the policy of the C. A. Vines Arkansas 4-H Center that no meals may be eaten in rooms. The Center is located in Ferndale, AR - 10 miles from the closest restaurant.

| Meals | Wed Sept 6 | Thu Sept 7 | Fri Sept 8 | Sat Sept 9 | Sun Sept 10 | Number of Meals | Total |
|-------------------|---------------|---------------|---------------|---------------|----------------|--------------------|-------|
| Breakfast | n/a | \$8 | \$8 | \$8 | \$8 | | |
| Lunch | n/a | \$10 | \$10 | \$10 | n/a | | |
| Dinner | \$12 | \$12 | \$12 | \$12 | n/a | | |
| Meal Total | | | | | | \$ | |

Please List Any Dietary Requirements:

**Not all special diets can be accommodated - we will contact you if we need further information.*

Neither Arkansas Quilters Guild, Inc., nor its members, associates, employees or sponsors will be held responsible for any injury, loss, or damage sustained by workshop participants. By signing where indicated below, you agree not to make any claim against Arkansas Quilters Guild, Inc. or its members, associates, employees, volunteers, contractors, or sponsors.

The registration fee is required and non-refundable. No one under the age of 16 will be permitted to attend. Cancellations can be made with full refund less registration fee until May 1, half refund less registration fee from May 1 until September 1. No refunds will be given for cancellations made after September 1, 2017. Please contact the registrar in writing or by email if you need to cancel your registration.

| | |
|---------------------------------|--------|
| Your Signature: | Date: |
| Emergency Contact/Relationship: | Phone: |

| | |
|---|----------|
| Registration Fee | \$ 50.00 |
| Class Fees and Kits Total from 1 st page | \$ |
| Lodging Total | \$ |
| Meal Total | \$ |
| Total Registration Fees | \$ |

A minimum payment of \$50.00 is required with initial registration. The remaining balance must be paid in full no later than April 10, 2017.

Please keep a copy of your registration for your records - we will e-mail/snail mail you a confirmation within 45 days of receipt of your registration - classes are not confirmed until they meet the minimum number of students. We will confirm your classes when they meet the minimum or no later than September 1. Please address any additional registration questions to Meg Cullum (meg.motley@gmail.com), and mail all registration forms to:

QUILT ARKANSAS 2017
C/O MEG CULLUM - REGISTRAR
935 SANTA FE TRAIL
CONWAY, AR 72034