

**PLEASE PRINT**

Name Mr/Mrs/Ms \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_  
Phone / Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_  
Emergency contact/s NAME (husband, sister, daughter, son, brother, mother) \_\_\_\_\_  
Home/Work/Cell \_\_\_\_\_  
Dietary restrictions/special needs, Allergies (including food) or medical conditions we need to be aware of: \_\_\_\_\_

- Y / N** Do you want to room with a friend who is also attending this retreat? Roommate’s name \_\_\_\_\_
- Y / N** Would you like to room with someone you haven’t met yet?
- Y / N** Some rooms are on the second floor. Are you physically able to climb stairs?
- Y / N** Do you require a handicap access bathroom?

**Please be sure you understand our cancellation policy before you register.**

- \$100 non-refundable cancellation fee.
- Cancellations within 30 days of retreat are not refundable.
- Registration may be transferred to a new person of your choice, or we may have someone on a waiting list, but you are still responsible for the \$100 non-refundable cancellation fee. The new person will send in their registration form and fee, and then we will refund your fee less your \$100 non-refundable cancellation fee within 6-8 weeks of written notification.
- All cancellations must be in writing (mail/email) to qualify for a refund.
- You will be responsible for a single rate room if no roommate is available. If your roommate has to back out and another roommate is not available, you will be responsible for a single rate room.
- In the event we need to cancel a retreat, your entire payment/s will be refunded in full within 45 days, or can be applied to another retreat. Cancellation and Travel Insurance, usually purchased through your travel agent, is recommended. BSC is not responsible for travel refunds.
- Location: Lake Yale Baptist CC, 39034 CR 452, Leesburg, FL 34788
- All facilities and grounds are NON-smoking. Minimum \$100 cleaning fee will be assessed if you smoke in your accommodations. Alcohol and Pets are NOT permitted.
- We accept Personal check, Cashier’s check, US Postal Money Order, or **Electronic Billing** (preferred).  
**There is no fee for Electronic Billing.** You will receive an email with instructions if you choose Electronic Billing.
- You can also choose to pay in FULL with PayPal (add \$30 processing fee per person).
- A \$35 processing fee is charged for returned checks.

**Personal Liability Waiver and Indemnification Agreement**

We take your safety and the security of your equipment very seriously, but we will not be liable for any personal injury, loss/theft or damage anytime during the retreat. Your attendance constitutes your agreement to indemnify BeSewCreative, Sew-Mini Things and LYBCC from any claim for injury, loss or damage for any reason. You are responsible for any damage to LYBCC property, facilities, or equipment caused by you or your non-quilting companion through negligence or willful intent.

<b>Circle your package/s</b> → → → → → →	<b>Per Person Double</b>	<b>Per Person Single</b>	<b>Commuter 4 days w/10 meals</b>	<b>Non-Quilting Companion</b>
4 days/3 nights/10 meals	\$ 545	\$ 620	\$ 465	\$255

Rates include ALL retreat activities, workshops, accommodations (excluding commuters), meals, and taxes. **KIT fees not included.**

**50% deposit due at registration**

**Balance Due No Later than October 1, 2012**

For late registration after October 1, 2012 payment is due in FULL.

Late registration seating will be filled according to the postmarked date registration and payment are sent.

**Sign here to confirm that you have read, understand and agree to all the policies explained above.**

Incomplete registration forms will not be processed.

\_\_\_\_\_ Date \_\_\_\_\_

**Make Checks payable to: Rhonda Baker**

Print and send **registration form** and **payment(s)** to: Rhonda Baker, 1118 Gulf Oaks Drive, Tarpon Springs, Florida 34689

Email any questions to [Cissy33@BeSewCreative.com](mailto:Cissy33@BeSewCreative.com) or call 727-430-7620 (cell) **PRINT A COPY OF THIS FORM FOR YOUR RECORDS**

<b>OFFICE USE</b>	Electronic Payment Deposit request sent _____	Received _____	Amount _____
	Electronic Payment Balance request sent _____	Received _____	Amount _____
	Deposit check # _____	Date _____	Amount _____
	Balance check # _____	Date _____	Amount _____