

# All in Stitches Fall Retreat at Ironwood Springs

November 13th through 17th, 2019

Your Name \_\_\_\_\_ (one registration form per person)

## Registration: Room and Meals

Cost per person for **two night stay** and **four meals**, arriving Friday:

\_\_\_\_\_ Double Occupancy **\$250** \_\_\_\_\_ Triple **\$215** \_\_\_\_\_ \$ \_\_\_\_\_

Cost per person for **three night stay** and **six meals**, arriving Thursday

\_\_\_\_\_ Double Occupancy **\$305** \_\_\_\_\_ Triple **\$265** \_\_\_\_\_ \$ \_\_\_\_\_

Cost per person for **four night stay** and **six meals**, arriving Wednesday: (No meals until Thursday night)

\_\_\_\_\_ Double Occupancy **\$330** \_\_\_\_\_ Triple **\$290** \_\_\_\_\_ \$ \_\_\_\_\_

**Triple occupancy** available only if I can find enough roommates for you, otherwise it will be a double rate.

My roommate(s) is (are) \_\_\_\_\_ & \_\_\_\_\_

(please submit separate registration forms for each)

- OR - \_\_\_\_\_ Please assign roommate(s) for me

Please, feel free to contact me via email at sandy@allinstitchesmn.com or 507-732-4101.

**Note that check-in on Wednesday is any time after 4:00 p.m.**

*If you have a preference for room floor and/or sewing floor, please let me know. We will assign rooms and sewing floors based on application postmark. While we will do our best to accommodate everyone, we cannot make any guarantees.*

## **TO RESERVE YOUR SPOT:**

Please send a **CHECK\*** for the **FULL AMOUNT, PAYABLE TO All in Stitches** at this address:

(\*Add \$10.00 if making payment by credit card.)

All in Stitches

308 S. Main Street

Zumbrota, MN 55992

Phone: 507-732-4101

Rooms and tables are reserved on a first come basis. **If you need to cancel, \$50 is non-refundable. I will only refund the remainder if you cancel before October 15th, 2019. Refunds will not be given after October 15th, 2019.** We are looking forward to having you join us!

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

**PRINT** Email Address in upper case \_\_\_\_\_

Emergency contact & phone number \_\_\_\_\_

## **WAIVER RELEASE:**

I understand that I must provide my own medical/liability insurance. I release Ironwood Springs Christian Ranch and All in Stitches, Inc., and its officers, directors, agents, representatives, employees, volunteers, successors and assigns from any and all responsibility, liability, or claims including but not limited to any claims based upon alleged negligence from, or personal injury, damages, accident or illness incurred, arising from, or related to my participation in any activity at or connected with Ironwood Springs Christian Ranch or All in Stitches, Inc.

Signature \_\_\_\_\_ Date \_\_\_\_\_