

September 8, 9, 10, 2017

NO MANS LAND QUILT RETREAT



*Texas county Activity Center, 5th & Sunset
Cuyamoc, Oklahoma*

SCHEDULE

Friday, September 8, 2017

- 8:30 a.m. – Registration opens
- 12:00 p.m. – Catered Lunch
- 5:00 p.m. – Batik quilt voting begins. Prizes will be awarded Saturday evening

Saturday, September 9, 2017

- 8:00 a.m. – Building reopens
- 12:00 p.m. – Catered Lunch
- 5:00 p.m. – voting on batik quilts ends, prizes awarded at 6 p.m.

Sunday, September 10, 2017

- 8:00 a.m. – Building reopens
- 3:00 p.m. – Clean up and head home

DOOR PRIZES, NURSE, & NIGHT SECURITY

Numerous door prizes, Nurse, and Night Security will be on site throughout the entire No Man's Land Quilt Retreat all weekend long. Nurse Ann has been with us since the start and she will see that 2017 will be just as much fun! You can rest assured that your quilting "stuff" will be safe as Security will be on site from 8 pm to 8 am Friday and Saturday nights.

WHAT TO EXPECT WITH OUR 3RD ANNUAL RETREAT

Again in 2017 we will have a fantastic time as we gather with quilting friends. Bring your sewing machine, supplies, & projects to work on throughout the weekend. Each retreat participant will have an 8' table, chair and plug-in available.

Chef Virgil and his crew will feed us on Friday & Saturday at 12:00 p.m. You will be on your own for your morning & evening meals.

Again this year each quilt shop vendor will offer free demonstrations of "can't live without & can't believe I don't already have that tool!" ...or you have that tool & are not sure how to use it. All you have to do is stop by each quilt shop booth.

We have a great facility that allows us to straight pin our quilts to the carpeted walls. Please consider hanging your projects for all to see and help inspire!"

WHAT YOU MIGHT NEED

Extension cords, your favorite comfortable chair, The need for a Fun time, Fellowship.

REGISTRATION FORM AND MEDICAL RELEASE FORM INFORMATION

In order to secure your spot at the No Man's Land Quilt Retreat a completed signed registration form and enrollment fee must be sent along with your medical release form to the address listed at the bottom of the forms. Limited number of spaces available.

No one knows your health needs better than you do and we want you to get the best medical care possible if necessary. Ann will use the Medical Release Form to give to EMTs if something requires they be called.

VENDORS ON SITE!

Yes, there will be several quilt shops on site to provide us with those "necessary" things we MUST have with a wide variety to choose from.

FOR MORE INFORMATION YOU CAN CALL:

Cheryl Ashpaugh at
Cheryl's Quilt Corner
580.338.3677

NO MANS LAND QUILT RETREAT

Registration Form
September 8, 9, & 10, 2017

Please Print Clearly

Full Name	
Address	
City, State Zip	
Phone Number	
Email address	

Retreat Cost

<input type="checkbox"/>	3 day retreat registration	\$80.00
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Please list any dietary restrictions you have, to be shared with Chef Virgil:

Snacks! The most important part of Retreat!

Please bring a snack to share throughout the weekend!

If your last name begins with:

A thru J – bring a non-sweet snack

K thru Z – bring a sweet type snack

**If you cancel before August 15, 2017 there will be a non-refundable fee of \$25.00.
If you cancel after September 1, 2017, there will be no refund.**

Signature _____ Date _____

**Please mail this Registration Form and the Medical Release form along
with your payment to:**

**No Man's Land Quilt Retreat
c/o Cheryl's Quilt Corner
1608 N. Ellison
Guymon, Oklahoma 73942**

NO MANS LAND QUILT RETREAT

MEDICAL RELEASE FORM

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 No Mans Land Quilt Retreat of any responsibility for accidents that occur while attending the retreat. I do release medical information below in case of an accident and if it is needed for those purposes.

In case of emergency:

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 _____
(Your signature is required)

Please mail this Registration Form and the Medical Release form along with your payment to:

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