



QUILTING FUN Retreat

Sponsored by Pam See and Phyllis Beaver
Spring 2020

Thursday, March 12 thru Sunday, March 15, 2020

New Venue!! - Round Barn Lodge,
E4830 US Hwy 14, Spring Green, Wisconsin

Arrive by 10am on Thursday and depart by 3pm on Sunday

Lunch and Dinner included (no lunch on Thursday and Sunday)

Have your own queen bed to sleep in!

Each quilter gets their own 8' table

Quilt shop in sewing room - shop all weekend

Great Door Prizes

Two Instructors

One Roommate

Price \$285

\$100 deposit due at registration* will hold your spot

Limit of 30 attendees

Balance due by January 15, 2020

Please write checks to Pam See

Registration and payment can be mailed to:

Pam See, c/o Phyllis Beaver
2705 Crossway Road
Burlington, WI 53105

*Payments are non-refundable. If you need to cancel, we will make every effort to fill your spot so you can be refunded, but we cannot guarantee it.

Questions? Please contact

Pam See 262-442-2643 or Phyllis Beaver 262-492-2325

Download Registration Form at VanillaLatteQuilts.com, retreats page.

Your Balance due on January 15, 2020 is: _____

Please make check payable to Pam See and send to Phyllis Beaver, 2705 Crossway Road, Burlington, WI 53105



QUILTING FUN Retreat Registration Form 2020

(one form per attendee)

Name: _____ On Name Tag: _____

Phone: _____

Address: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

A \$100 deposit is due at registration to hold your spot. Final payment is due by January 15, 2020, payments are nonrefundable unless your spot can be filled. Please make checks payable to Pam See, may mail payment to:

Phyllis Beaver
 2705 Crossway Road
 Burlington, WI 53105

Attendees of this retreat shall hold harmless Vanilla Latte Quilts, Pam See, Phyllis Beaver, and Round Barn Lodge from and against all claims, losses, costs and damages including but not limited to any personal injury, sickness, disease, death or personal property damage. Your signature below confirms your agreement to comply with this statement.

Roommate: _____

One or both roommates require a handicap accessible room

(we will put you closer to the elevator if needed)

Signature: _____

Date: _____

