



# QUILTING FUN Retreat

Sponsored by Pam See and Phyllis Beaver  
Spring 2019

Thursday, March 7 thru Sunday, March 10, 2019

Green Lake Conference Center - Kern Lodge (newest hotel on the property)  
W2511 State Road 23, Green Lake, WI 54941

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

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

Have your own 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 \$275

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

Limit of 40 attendees

Balance due by January 15, 2019

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 262-392-2301 or Phyllis Beaver 262-492-2325

Download Registration Form at [VanillaLatteQuilts.com](http://VanillaLatteQuilts.com), retreats page.

Your Balance due on January 15, 2019 is: \_\_\_\_\_

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



# QUILTING FUN Retreat Registration Form 2019

(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, 2019, 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 Green Lake Conference Center 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 also put you closer to the elevator if needed)

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

