

# Riverside Scrapbook, Quilt & Craft Retreat

## Registration Form

Please print – Thank you! ☺

\_\_\_ November 6 -8, 2015

\_\_\_ January 15 -17, 2016

\_\_\_ March 11 -13, 2016

\_\_\_\_\_ I would like to add a Sunday night stay for an additional \$45.00 fee.

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / Zip Code

\_\_\_\_\_  
Day Phone (with Area Code)

Evening or Cell phone (please indicate)

\_\_\_\_\_  
Email

Roommate(s) requested:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

If at all possible, please send all registrations for same room in one envelope.

**NOTE:** We request that rooms be shared with a minimum of 2 people per room.

Circle one: Smoking Non-Smoking

Circle one: Handicapped Accessible? Yes No

Circle one: I plan to Scrapbook Quilt Other

Circle one: First time retreat guest Repeat retreat guest

Circle one: I would like to sign up for a massage Yes No (Nominal Fee for massage)

Preferred length & time for Massage \_\_\_\_\_

(Specify 1/2 hr or 1 hr & approximate time for morning or afternoon)

I will bring the following food item for Saturday's Pot-Luck luncheon: \_\_\_\_\_

\$60.00 per person advance deposit required

(NOTE: TOTAL COST for 2 night stay is \$120.00 plus tax)

Amount Enclosed \_\_\_\_\_ \$60.00

Required deposit

\_\_\_\_\_ \$128.25

2-night payment

\_\_\_\_\_ \$165.00

3-night payment

VISA, MASTERCARD, & DISCOVER cards accepted

Form of payment enclosed: Check \_\_\_\_\_ Credit Card \_\_\_\_\_

\_\_\_\_\_  
Name on card

Mail completed registration form & payment to:

\_\_\_\_\_  
Credit Card number

Riverside Inn Retreat Center

\_\_\_\_\_  
Expiration Date: \_\_\_\_\_

P. O. Box 384

Mo Year Signature

Cold Spring, MN 56320