

# 2017 COBBLESTONE BEACH RETREAT REGISTRATION FORM

**JANUARY 27-30, 2017**

**CAMP ST. CHRISTOPHER**

Beach Retreat 2017 is scheduled for **JANUARY 27-30, 2017** at Camp St. Christopher. All rooms are for all 3 nights. The total cost of Beach Retreat is \$275.00. An \$85 deposit for each roommate is due with this form. We will be collecting two more payments of \$95.00 each at guild meetings in June and November.

Registration may be **delivered to the committee at the March Guild meeting -or- mailed on, or after Saturday, March 12th**. Roommates should be pre-arranged and it is helpful if roommate registrations are delivered together. Only current guild members are eligible to register. Registrations received at the meeting will be processed WITH those postmarked on the 12<sup>th</sup>. Registrations postmarked earlier than March 12 will be held for 7 days before being processed. Membership Forms are available on the website: [www.CobblestoneQuilters.com/membership.htm](http://www.CobblestoneQuilters.com/membership.htm) and may be sent with your registration.

Please contact one of the committee if you would like to go to Beach Retreat, but don't have a roomie. We can work as facilitators. **Questions?** Contact June Bohac [bvivetta65@yahoo.com](mailto:bvivetta65@yahoo.com), Lisa Keenan [keenan408@gmail.com](mailto:keenan408@gmail.com), or Terrie Spohn [tmspohn@att.net](mailto:tmspohn@att.net).

Please check this Registration Check List before mailing:

\_\_\_\_\_ Registrations may be delivered to the committee at the March meeting OR mailed. If mailed, they should **postmarked NO EARLIER than March 12, 2016**.

\_\_\_\_\_ Check for \$85 deposit for each roommate made payable to CQG.

\_\_\_\_\_ **Both roommates must be current CQG members for your application to be processed.**

\_\_\_\_\_ Send your completed Registration Forms and deposit check (and [membership renewal](#) if necessary) to:  
**June Bohac, 1199 Royal Links Dr., Mount Pleasant, SC 29466**

Name: \_\_\_\_\_ Current Guild Member:      Y      N

Roommate: (required) \_\_\_\_\_ Current Guild Member:      Y      N

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ **\$85 Deposit** Check Number: \_\_\_\_\_

*LIST ANY DIETARY NEEDS AND/OR SPECIAL ROOM NEEDS.* \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

REGISTRAR USE

Postmark \_\_\_\_\_ Check #/Amt \_\_\_\_\_ Confirmed: \_\_\_\_\_ Room: \_\_\_\_\_

Notes: \_\_\_\_\_

Mail to: **June Bohac, 1199 Royal Links Dr., Mount Pleasant, SC 29466**  
**Postmark no earlier than Saturday March 12th.**