

**Northwest Bead Society Spring Retreat
Registration / Reservation Form
May (16), 17, 18 & 19, 2019
The Retreat Center at Camp Burton, Vashon Island, WA**

| | |
|--------------------|--------------------------|
| NAME: | FIRST NAME FOR NAME TAG: |
| ADDRESS: | |
| CITY / STATE / ZIP | DAY PHONE: |
| E-MAIL | EVE PHONE: |
| | CELL PHONE: |

Note: You must be a current member of the Northwest Bead Society to attend the Retreat, and current members will have priority for registration. Membership forms are available at: www.nwbeadsociety.org or at our meetings. If you are not a current member, and would like to attend, please include your membership application and check for your current dues with your retreat registration.

I am already a NWBS member (for 2019): **Yes** OR **No**, I have included my \$30 membership dues & form

| REGISTRATION FEES | Amount | Enclosed |
|--|-----------|-----------|
| Full Registration Fee (Not inclusive of optional Thursday) | \$ 235.00 | |
| OR Reservation Deposit (Balance Due by 4/1/19) | \$ 85.00 | |
| Add Optional Thursday, May 16, Lodging at Camp Burton | \$ 57.00 | |
| Yes No | | |
| Late Registration Fee, submitted after 4/20/19, additional | \$ 10.00 | |
| TOTAL ENCLOSED | | |
| If registration is full, I would like to be on the waiting list. (Circle one of the following) | | Yes No |

Sleeping Accommodations: (3 per room) in the Retreat Center

I would like to room with: _____ AND: _____

I am a: night owl early bird others tell me I snore I can sleep with snorers I am a light sleeper

First Aid: I am currently trained for CPR First Aid & willing to be designated CPR/First Aid person.

Do you have any mobility issues: Yes No

Meals: Vegetarian Dietary restrictions? *Circle which apply: no seafood * gluten-free * dairy-free * no nuts*
If you have special dietary needs, refrigerators are available for any supplemental foods you might bring.

Volunteer Jobs I am willing to help with:

- Setup (Thursday Noon-2PM) Help acquire gift bag donations Whatever is needed during the weekend
- Pre-retreat preparations Clean up meeting space & room check (Sunday Afternoon)
- I would like to teach a mini-class during the retreat on:**

Cancellation Policy:

*A full refund will be made on cancellations received **by April 15**. After that date, refunds will be made (less a \$15 processing fee) only if your space is filled from the waiting list.*

All registrations/reservations will be processed by post mark date. Mail your completed registration form and payment by check only to:

**NWBS Retreat Registration
Kathy Repp
11328 25th St SE
Lake Stevens, WA 98258**

After April 20th, please contact Kathy Repp, 425-359-1914, retreat@nwbeadsociety.org prior to mailing your registration.

Make checks to: Northwest Bead Society.

Please keep a copy for your records.

| FOR OFFICIAL USE ONLY | |
|-----------------------|--|
| Postmark Date | |
| Total Due | |
| Check # | |
| Check Amount | |
| Balance Due | |
| | |
| Balance Due Rcvd | |
| Check # | |
| Check Amount | |
| | |