

LOCATION:
1503 NC HWY 62 EAST
CLIMAX, NC 27233
(336) 674-2321



MAILING ADDRESS:
4811 HILLTOP ROAD
GREENSBORO, NC 27407
(336) 292-6957

WOMEN'S RETREAT REGISTRATION February 24 – February 26, 2012

Name _____
(First) (Last) (Preferred)

Address _____

City _____ State _____ Zip _____

Home Number (____) _____ Cell Number(____) _____

Email Address _____

Do you attend a Quaker Meeting? yes no If yes, name of meeting _____

Attending: **Entire Retreat** (\$60) **Saturday Only** (\$40) **Other** _____
Check-in: Friday 5pm to 7pm Check-in: Saturday 8am to 9am We understand schedules can be busy and would like you to
Check-out: Sunday 12pm Check-out: Saturday evening attend if possible. Please call to make special arrangements.

Create Your Own Masterpiece!

Follow along with Sarah Lytle, a local artist, who will give you stroke-by-stroke instructions to create your own work of art on a 16" x 20" canvas during one of the optional class periods. No experience in painting? No problem. The class will be suitable for any skill level from first-time painters to more experienced artists. At the end of the class period, you'll take away your own handmade masterpiece!



\$18 – Reserve my spot to create my own masterpiece!

We'll provide everything including brushes, paint, your 16" x 20" canvas, and easels. Due to the nature of materials necessary for this class, there will be a cost of \$18 to participate. Check the box above to reserve your spot in the class.

HEALTH INFORMATION

In an emergency please notify:

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Physician's Name: _____ Phone: (____) _____

Physician's Address: _____
(Street) (City) (State) (Zip)

Do you have any allergies (including food allergies and dietary restrictions)? _____

Please list any health issues of which we need to be aware (i.e. heart condition, diabetes, asthma, etc...) _____

Please list medications taken on a routine basis (including over-the-counter/non-prescription): _____

Health Insurance Company _____

Policy Holder's Name _____ Policy Number _____

Mail completed form and payment (\$60 for weekend/\$40 for Saturday only) to the mailing address above by February 20th :

CREDIT CARD PAYMENT

Visa Mastercard Account Number: _____ Amount: _____

Cardholder's Name _____ CVC # _____ (3 digit) Exp. Date: _____
PLEASE PRINT

SIGNATURE _____

This transaction will appear on your statement as charged to NC Yearly Meeting. This information will be kept confidential in a secure location.