

BLACK SWAMP RETREAT REGISTRATION & MEDICAL FORM

OCTOBER 17TH – OCTOBER 20, 2024



DAZZLING DOTS

At Howard Johnson Hotel – 1920 Roschman Ave. Lima, OH 45804 Exit #125 off of I-75

FOR THOSE OF YOU WHO WISH TO STAY IN LIMA: You can call Howard Johnson's phone # 419-222-0004 or fax 419-221-2604 to make room reservations. Just ask for the block of rooms for the Black Swamp Quilt Retreat. Room rate is \$89.99 per night plus taxes. They will be holding our block of rooms until September 15, 2024. Please secure your reservations prior to this date.

COST: Retreat fee for members will be \$85 and must be paid by August 31, 2024. The few remaining open spots for non-members will be \$95.00 and will be accepted after September 1, 2024.

To print forms, go to: <http://blackswampquiltguild.tripod.com/> Go to "Retreat tab."

PAYMENT INFORMATION: Please mail your payment (payable to Black Swamp Quilt Guild) and this registration form to: Jacquie Sharrer 14448 County Road 216, Findlay, OH 45840. No refunds will be given after September 30, 2024.

HOTEL CHECK IN CHECK OUT: *Sewing will begin at 1 pm on Thursday.* Doors to the sewing room will be closed until then to allow the retreat committee to set up the area. No early entrance. Hotel check in begins at 3 pm. Check out on Sunday October 20th is 11 am but you are welcome to sew until 3 pm.

MEALS PROVIDED: New this year we will be providing pizza and soda for Thursday dinner. We will be providing Friday, Saturday, and Sunday lunch. Breakfast is included with hotel stay

ACTIVITIES: We want everyone to be accommodated. Each quilter will have their own 8 ft. table. Side tables and irons are permitted. There will be a garage sale table, a snack table, and free tables this year. We are also planning on having Demonstrations. If you would like to present a demo, please notify Jacquie Sharrer.

GAMES: We are going to have games such Left, Right, Center (if you would like to participate, please bring 6 fat quarters and 12 – 2 ½ strips), and Bingo.

FOR THE ENJOYMENT OF ALL QUILTERS: You will have an 8-foot table for your sewing area. Bring your own UNSCENTED hand sanitizer, masks (if you wish), and a sweater. Due to other's allergies please kindly forego any scented lotions or perfumes. Thank you!

CHALLENGE: This years' retreat challenge will be "DAZZLING DOTS. Any size featuring polka dot fabric. Embellishments are welcome. Your entry must be made and quilted by the entrant. No professional long-arm quilting by anyone other than the one submitting the challenge project. Your challenge will be turned in at the registration table upon arrival.

MASSAGES: Saturday, October 19th there will be massages from 10 to 5. There will be a sign-up sheet available at the retreat. The cost will be \$1.00 per minute.

LIMITED GARAGE SALE: Something new this year. On Friday, in the atrium you may bring your sale items from 3 to 5. After 5 please remove your sale items and put them either in your room or in your car. Be sure to have your items priced and bring change.

DONATION QUILT: If you would like to bring a donation quilt to the retreat, we would be happy to collect them and turn them in for distribution. Sizes needed: Baby 36 x 48 Youth 48 x 54 Adult 60 x 84 Lap 48 x 60

Medical Form: Please see page 3.

Page 2 of 3

2024 BLACK SWAMP RETREAT REGISTRATION FORM

Name _____

Address _____ CITY _____

Email _____

Phone Number _____

I am member ___ Ck# _____ retreat fee \$85 Have you paid your annual dues of \$20 for 2024? Y N

I am not a member ___ Ck# _____ retreat fee \$95

Who would you like to sit with?

Emergency contact information

Contact person

name _____ phone _____

Would you be interested in donating a door prize? Yes No

If you decide later, please let one of our committee members know.

Would you be interested in presenting a demonstration? Yes No

Topic _____

PLEASE LIST - Food allergies and special dietary needs



BLACK SWAMP QUILTERS GUILD FALL RETREAT MEDICAL FORM

| | |
|--------------------------|--|
| YOUR NAME | |
| YOUR PHONE NUMBER | |

IN CASE OF AN EMERGENCY PLEASE CONTACT:

| | |
|---------------------|--|
| NAME | |
| PHONE NUMBER | |
| RELATIONSHIP | |

PRIMARY DOCTOR

| | |
|---------------------|--|
| NAME | |
| PHONE NUMBER | |

PRIMARY DENTIST

| | |
|---------------------|--|
| NAME | |
| PHONE NUMBER | |

MEDICATIONS YOU ARE TAKING

| | | | |
|-------------------|--|-------------------|--|
| MEDICATION | | MEDICATION | |
| DOSAGE | | DOSAGE | |
| HOW OFTEN | | HOW OFTEN | |
| MEDICATION | | MEDICATION | |
| DOSAGE | | DOSAGE | |
| HOW OFTEN | | HOW OFTEN | |

| | |
|-----------------------|--|
| LIST ALLERGIES | |
| | |
| | |

OTHER INFORMATION THAT WOULD HELP MEDICAL PERSONNEL IN CARING FOR YOU IN AN EMERGENCY. PLEASE USE BACK SIDE OF THIS PAGE IF NECESSARY.

PLEASE BRING COMPLETED FORM IN A SEALED ENVELOPE TO THE RETREAT. BE SURE TO HAVE YOUR NAME IN THE UPPER RIGHTHAND CORNER OF THE ENVELOPE. PLACE UNDER YOUR SEWING MACHINE WHEN YOU ARRIVE.