

Cupcake Quilt Retreats, LLC
Registration Form – April 9-11, 2010

Participant Contact Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ (Day) _____ (Night) FAX: _____
Email: _____
Roommate(s): _____
Massage: _____ (\$1/per minute (pay masseuse directly) – please indicate amount of time you would enjoy)

Check if desired: ☐ Vegetarian Meals ☐ Private Room (please call for pricing)
Allergy/Disability, please explain: _____

Payment Information: \$250 all inclusive (double occupancy & gratuities) - \$125 deposit required to hold reservation

I have enclosed (check one): ☐ Deposit ☐ Payment in full Amount: _____

Payment Type: ☐ Check/money order (*preferred*) # _____ ☐ Visa ☐ Master Card

Credit Card Information: (For MasterCard and Visa payment, please include \$10 convenience fee):

Credit Card #: _____ Name on Card: _____
Exp. Date: _____ *Note: For your protection, CQR does not keep credit card information on file.*

Emergency Contact Information

Name of Emergency Contact: _____
Telephone of Emergency Contact: _____ (Day) _____ (Night)

Cancellation Policy: *Due to hotel contract obligations, CQR's cancellation policies are as follows: Cancellation 90 or more days prior to arrival date, refund of payment made less 10% processing fee. Cancellation 45-89 days prior to arrival date stated above, 50% refund. Cancellation less than 45 days prior to arrival date stated above, no refund.*

Liability Disclaimer: *CQR Enterprises, LLC will not be responsible for any injury, loss or damage sustained by our guests. By initialing in the space provided below, you agree not to make any claim against CQR Enterprises, LLC, its employees, volunteers or contractors.*

_____ (Initials) I have read and accept the liability disclaimer. (Your registration is not complete without your initials.)