PALOUSE PATCHERS QUILT CAMP REGISTRATION FORM

| Name:Address: | | | |
|--|--|---|--|
| | | Phone: (home) | (cell) |
| Email: | | | |
| Emergency Contact: (Name) | (Phone) | | |
| Make checks payable to Palouse Pat | chers | | |
| Note: Checks will be deposited upon receipt All prices include an Idaho sales tax of 6% Palouse Divide Lodge (Shirley-Emergency only!): 208-245-3552 List any food allergies: | | | |
| | | TOTAL LODGE PACKAGE Varies | based on room preference. |
| | | (4 nights/6 meals – Thursday d your own for Wednesday dinner and 1 | inner through Sunday breakfast – On Thursday breakfast & lunch) |
| | | *Camp begins at 12:00 noon on Wed | nesday and ends at 3:00 on Sunday. |
| Full Camp fees \$360 (DBL). Room wit | h | | |
| Full Camp fees for Private Room \$480 |). | | |
| Total Fees are due two weeks pric | or to camp. | | |
| Any questions can be directed to Debbie or email grammygoetz@frontier.com | Goetz at 208-301-8014 (leave message) | | |
| Mail payments to Debbie Goetz, PO Box 506, Palouse, WA 99161 | | | |
| all rights and claims for damages I may a | epting my registration, I waive and release accrue against Palouse Patchers for any ed by me while traveling to and from and | | |
| Signature | Date | | |