

GCDA RETREAT REGISTRATION FORM

GCDA Member Yes _____ No _____ Registration Number _____

Have you attended previously? _____ if no how did you hear about us _____

Name _____ Phone _____ - _____ - _____

Full Address _____

Email address _____

Room & Meals per person Friday thru Sunday (2 nights): (please circle your choice)

\$235 private room \$185 - 2 people/room \$170 - 3 people/room

Price includes: Friday- Continental Breakfast, Lunch & Dinner; Saturday- Breakfast, Lunch, & Banquet; Sunday- Breakfast & Lunch

****For your convenience we are offering a room only for Thursday night at \$50.00 per person ____yes ____no****

Rooming with _____

____ Check here if you have a special need: i.e. medical restriction, difficulty with stairs or walking, etc.

Your special need _____

Registration Fee \$65.00 [\$85.00 after March 1st] Registration Fee is Non Refundable and must be paid with registration.

All fees are to be paid in full by March 1 with no refund if you cancel after this date.

Class & Instruction Fees: Total class fee includes surface, supplies and class instruction.

PLEASE CHOOSE CLASSES IN YOUR SKILL LEVEL.

FIRST CHOICE			SECOND CHOICE		
Class #	Name of Class	Class Total Fee	Class #	Name of Class	Class Total Fee
# _____	_____	\$ _____	# _____	_____	\$ _____
# _____	_____	\$ _____	# _____	_____	\$ _____
# _____	_____	\$ _____	# _____	_____	\$ _____
# _____	_____	\$ _____	# _____	_____	\$ _____
# _____	_____	\$ _____	# _____	_____	\$ _____

No Changes can be made after March 1

Please read the following and sign below:

I understand that all of the buildings are smoke-free, including the lodge rooms, and that a \$100 cleaning bill will be charged to me for violating this rule. There are designated smoking areas available. I also understand that Higher Ground Conference Center is a religious funded organization and an alcohol free facility. I agree not to bring any alcohol on the premises.

Your Signature

Date

Make checks payable to Greater Cincinnati Decorative Artists (GCDA).

Please complete this form and send with your check to:

MaryAnn Slizewski, 3131 Preserve Ln #3C, Cincinnati, OH 45239 ph: 513-245-1631 email: sophia726@aol.com

GCDA USE ONLY PLEASE DO NOT WRITE BELOW THIS LINE GCDA USE ONLY

Housing Fee \$ _____ Registration Fee \$65.00 [\$85.00 3/1] Class Fee \$ _____ Member in Good Standing Credit: _____ Total \$ _____

Check # _____ Deposit Amt. Rec'd \$ _____ Date Rec'd _____ Balance Due \$ _____

Check # _____ Amount Rec'd \$ _____ Date Rec'd _____ Balance Due \$ _____

Check # _____ Amount Rec'd \$ _____ Date Rec'd _____ Balance Due \$ _____