

PIONEER QUILTERS' GUILD

2023 WINTER RETREAT INFORMATION

REGISTRATION will be accepted by **MAIL ONLY**. Completed registration form and full payment will be accepted with a **POSTMARK** of December 5, 2022 or later. Registration forms postmarked **BEFORE** December 5, 2022 will be placed at the end of the list. Remember, only one registration form per envelope. The last date to register is December 31, 2022. Make sure you have submitted your membership form to the Guild, as only people that are members in January will be allowed to attend. Retreat is open **ONLY** to members of PQG.

MAKE CHECKS PAYABLE TO PIONEER QUILTERS' GUILD OR PQG

Mail completed form and check to:

Valerie Price
1458 Lorimer Way
Roseville, CA 95747

Any questions or concerns, please call 916-759-2067 or
Email pricevalerie4@gmail.com

Cost: \$65

Dates: Thursday, January 26 – Sunday, January 29.

Location: Lincoln Memorial Veteran's Hall
541 5th Street, Lincoln, CA

Time: Thursday – Saturday: 9:00am – 9:00pm
Sunday: 9:00am to 3:00pm

What to bring:

- All necessary sewing supplies (machine, power strip, cutting mats, rotary cutters, etc)
- Fabric and quilt projects
- Snacks to share
- Personal drinks
- Food for lunch (optional). There are many wonderful restaurants within walking distance.
- Comfortable chair
- Due to electrical constraints, **ONLY** irons with 100 watts or less will be allowed. Ironing stations will be provided.

Fat Quarter Raffle

Theme: SOLID Grunge fabrics. Please no stars or dots on the Grunge fabric
Bring as many as you want. One ticket per fat quarter. Bundles will be raffled off during the retreat.

Coffee, water, and ice will be supplied at the retreat.

DINNER – A simple dinner will be served Thursday, Friday, and Saturday evenings.

ATTENDANCE: There will be no changes to the attendance, once the retreat has started. No refunds if you cancel after January 1, 2023.

2023 WINTER RETREAT REGISTRATION FORM

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL _____

EMERGENCY INFORMATION:

Contact and Phone: _____

Any food allergies? _____

What dates will you be attending?

ALL _____ IF SHARED: JAN 26 _____ JAN 27 _____ JAN 28 _____ JAN 29 _____

If you are sharing dates with one other person, please provide the name of that person. Arrangements for Fees to be divided by the people sharing.

NAME: _____

(A separate registration form is required for each attendee, but only ONE check.)

Volunteers are needed. Please check where you can help.

_____ Setup _____ Takedown _____ Kitchen help _____ Trash Runs

More information will be given when we are closer to the retreat.

COVID INFORMATION

PLEASE NOTE: The Winter Retreat will be held in accordance with the COVID-19 Guidelines in effect at the time of the event. This requirement is part of our agreement with Placer County Facilities. All attendees will be required to sign the Registration Form in acknowledgement and acceptance of this condition.

Your signature acknowledges that you accept the COVID-19 Guidelines in effect at the time of the Winter Retreat.

X: _____ DATE: _____