



Bound in Stitches

Where Quilters Are Stars™

Mini Course Maria



RETREAT!

2011 Registration Form

Name _____

Please Print

Last

First

Middle Initial

Primary Phone # _____ Cell Phone # _____

Address _____ Email _____

City _____ State _____ ZIP CODE _____

Retreat Fee: \$65.00 + supplies

Please check all applicable boxes of classes you wish to attend and if you prefer to purchase the pattern or a kit for that particular class.



Friday Night GET-TOGETHER

■ 5 pm—7 pm

Join the Fun!

- ~ Enjoy a fun relaxed evening getting to meet your fellow quilters
- ~ Delicious beverages and cookies
- ~ Set up sewing machine and organize your supplies for the retreat

SATURDAY CLASSES ■ 9 am—8 pm

SEW EASY PLAGEMATS

- Pattern Kit (includes pattern)

Work on my own project

■ 9 am—11:30 am

TREE-MENDOUS NAPKINS

- Pattern Kit (includes pattern)

Work on my own project

■ 12 pm—2:30 pm

DON'T WINE BEVY BAG

- Pattern Kit (includes pattern)

Work on my own project

■ 2:30 pm—4:30 pm

REVERSIBLE APRON

- Pattern Kit (includes pattern)

Work on my own project

■ 5 pm—7:30 pm

SUNDAY CLASSES ■ 11 am—6 pm

MINI MIGRO MITTS

- Pattern Kit (includes pattern)

Work on my own project

■ 11 am—1 pm

THIS SPUD'S FOR YOU

- Pattern Kit (includes pattern)

Work on my own project

■ 1:30 pm—3:30 pm

PEEK-A-BOO BAG

- Pattern Kit (includes pattern)

Work on my own project

■ 3:30 pm—5 pm

WRAP-EM UP

■ 5 pm—6 pm



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Emergency Contact Information & Liability Waiver

Please Print

Last

First

Middle Initial

Name: _____

Emergency & Medical Information—In case of emergency, please contact:

Name: _____

Please Print

Last

First

Middle Initial

Primary Phone #: _____ **Alternate Phone #:** _____

What should we know about you? (food allergies, physical limitations, medications, etc.)

Personal Liability Waiver and Indemnification Agreement

Attendance and participation in Bound in Stitches retreat activities, classes, lectures or events, whether paid for or not, is strictly conditional upon you signing this liability and indemnification agreement. Your signature is required in order to finalize your registration. Upon completion, please return this document to Bound in Stitches.

I hereby agree to indemnify Bound in Stitches, its owners, customers, representatives, transportation companies, and other guests from and agree to never make a claim for bodily injury, loss or damage to me or my personal property, or anyone accompanying me, as a result of attending or participating in our activities. You also acknowledge that there will be no refunds for cancellation.

Signature: _____ **Date:** _____

Printed Name: _____

Please complete and return document to Bound in Stitches along with your payment to finalize the registration process. Thank you.

Bound in Stitches

2078—45th Street NE | Sauk Rapids, MN 56379

Questions? Call 320-255-9021

www.bound-in-stitches.com

FOR STORE USE ONLY:

Amount Due: _____

Deposit Amount: _____ Date: _____

Final Payment: _____ Date: _____

Form Received: _____