

The Quilted Forest Spring Camp- Please Print and fill out completely: **March 8 - 12, 2019**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Cell phone number: _____

Requested Room Mate(s): All rooms are Double or Triple Occupancy with a private bathroom. Single rooms are available at an additional \$20 per night. Do you need a handicapped room? **(Circle)** Yes or No

Please contact Shelley 641-585-2438 if you have any additional questions or requests. Unisex t-shirt size **(circle)** S M L XL 2XL 3XL

Ingham Okoboji Lutheran Bible Camp is located at 1203 Inwan St., Milford, IA 51351
 Ingham Okoboji Lutheran Bible Camp is an Alcohol Free Campus.

Retreat with lodging on campground	Everyone will receive a swag bag, project ideas, patterns, and a t-shirt!	Price:
Package A: March 8-10: Friday, Saturday, and Sunday (till 8 pm) Three days, two nights	Includes: sewing space, lodging on campus (- single rooms will be charged an additional \$20 per night), Breakfast, Lunch, Supper, and Snacks	\$180
Package B: March 8 - 11: Friday, Saturday, Sunday, and Monday (till 8pm) Four days, three nights	Includes: sewing space, lodging on campus (- single rooms will be charged an additional \$20 per night), Breakfast, Lunch, Supper, and Snacks	\$240
Package C: GAP DAY March 12- sewing only (only open to those staying for the next camp scheduled at OLBC)	Includes sewing space and lodging two more nights Monday night and Tuesday night (- single rooms will be charged an additional \$20 per night) *no meals included (There will be snacks and usually some leftovers...)	\$50
Package D: March 9 & 10: Saturday and Sunday, 2 days, one night	Includes: sewing space, lodging on campus (- single rooms will be charged an additional \$20 per night), Breakfast, Lunch, Supper, and Snacks	\$140

Circle the prices of the package(s) you are signing up for and put total here: \$ _____

Payment Method: Cash Check Credit Card _____
 Expiration date _____ Code on back _____

Return completed form and payment to: **The Quilted Forest
 205 North Clark Street
 Forest City, IA 50436**

Retreat Checklist: ___ Positive attitude, lots of energy and a sunny disposition!

For your sewing space: ___ Sewing Machine with power cords, foot feed, attachments, feet, and needles. Make sure your machine works before you get to camp!

___ Thread and bobbins

___ Rotary Mat, Rulers and Cutters

___ Scissors, pins, and other notions as needed

___ Sewing Chair

Chairs available but they aren't as comfy as the one you usually use!!

___ Projects to work on! Pattern, fabric, notions, etc.

(Don't worry if you need something new to work on, we will have a fully stocked store right at camp! We've got you covered!!)

___ Personal Iron/ironing board (optional, there will be some available)

___ Extra Lighting to have next to your machine

___ Headphones or ear buds if you want to listen to books, movies or music while you sew – keep your neighbor happy!

___ Camera/laptop/phone/chargers (optional! We won't make you answer your phone or communicate with the outside world but you might want to take some fun pictures!

For Your Room: ___ Towels and Bed linens –sheets, blankets or quilts and pillows
(Beds are single beds, Bedding is available for a fee)

___ Medications

___ Medical release form completed and signed

___ Comfortable clothing and pj's, workout clothes if you want to take walks!

___ Keurig coffee pods to make your own coffee – a community coffee pot is always on, but I'll have a Keurig available to those who'd like it!

___ Snacks you want to hide from everyone! (There will be a community snack table with snacks you want to share, too. Bring the snack you're famous for making or the one you buy most often!)

The goals of the retreat are to work on sewing projects, to have fun with friends, to meet some new friends, to encourage each other, to not have to cook or clean or do anything, to only sew, eat and sleep while we are completely immersed in our sewing weekend!

Medical Consent Form:

Fill out completely and bring to camp with you or return with your registration. This info will not be shared with anyone and will either be returned to you after the retreat at your request or shredded.

Name: _____

Home address: _____

Contact person and their cell phone number _____

Birthdate: _____ Family Doctor and phone# _____

Allergies: Please list all that apply – Medications, Foods, Environmental

Significant Medical Conditions or History: (Asthma, Diabetes, Cancer, Heart Disease, Seizures, Include any recent hospital stays or surgeries)

Current Medications and dosage:

Dietary Restrictions:

Physical Restrictions:

Insurance Company _____ Policy or Group # _____

Address _____

Phone # _____

OR Attach a copy of insurance card to this form.

Emergency Authorization: In the event that I am injured or need medical assistance and my contact person cannot be reached: I give my permission to local physicians to hospitalize, treat, x-ray, order injections, administer anesthesia, or perform surgery as deemed necessary. I accept responsibility for payment of such services.

Signature _____ Date: _____