

NCW Quilt Guild Retreat Form

Please Print

Retreat name _____

Date: _____

Name: _____

Address: _____

City: _____

State: Zip: _____

Phone: _____

Email: _____

Year 20____

Dues \$ _____

Total \$ _____

Check# _____

Cash \$ _____

Receipt number _____

Please complete this form and send to:

Membership/NCWQG

P.O. Box 2715

Wenatchee, WA 98807

Make checks payable to: NCWQG