

2020 ZEPHYR POINT QUILT CAMP APPLICATION

Application # _____

Name: _____ Are you a Roseville Guild Member Yes No

Address: _____

EMAIL: _____

Your Telephone Number(s): Home: _____ Cell: _____

Emergency Contact Information: _____ Relationship: _____

Emergency Contact Telephone Number(s) _____

ROOMMATE: _____

Who would you like to **SEW** with (6 TO A TABLE): _____

Do you have any Medical restrictions we should be made aware?

Do you have any food restrictions? YES NO (Please note, there is a \$1.00 per meal surcharge for Vegan/Vegetarian)

Would you be willing to:

Volunteer in **ARRIVAL** duties

DEPARTURE Duties

BRING one of the following **TO SHARE:**

Cutting Mat

Design Wall

Please check items you plan on bringing **FOR YOUR OWN USE:**

TASK CHAIR

SEWING TABLE

PERSONAL IRON

Amount of Deposit: \$ _____ Check Number _____