

Blue Mountain Quilters' Guild

Harrison Hot Springs
Spring Retreat 2025

Friday, April 4, 2025, Saturday, April 5, 2025,
Sunday, April 6, 2024.

Optional additional night, Thursday April 3, 2025
(self pay) available as an add on.

Harrison Hot Springs Resort & Spa
100 Esplanade Avenue, Harrison Hot Springs, BC
604-796-2244 or 1-800-663-2266

2 nights accommodation April 4 & 5,
Double queen bed room (Double occupancy),
One 6 foot long sewing table per person,
Free Parking, Wi-Fi

Friday: Dinner

Saturday: Hot breakfast, Coffee break snacks, & Dinner

Sunday: Hot breakfast

Lunch is on your own each day, to encourage
everyone to get up and go out for a walk.

There are many restaurants very close by to choose from. Your room contains a fridge for food from home.

Registration:

40 spots will be open to BMQG members on a first come, first served basis starting during the **Friday, December 6th** meeting, payable in Canadian funds along with your completed registration forms, see below.

After December 6th, registrations may be dropped off (open 9am - 5pm) or mailed to

Budget Mini Storage

c/o Carol Lifford
163 Schoolhouse Street
Coquitlam, BC V3K 4X8

Registrations will be numbered as they come in. A waiting list will be started in case of cancellations.

Out of town members (More than 50 km from Budget Mini Storage), may contact Carol Lifford by email: quiltforyou163@gmail.com

Questions: Suzy Madsen - madsen2@telus.net or Carol Lifford - quiltforyou163@gmail.com

BMQG Harrison Spring Retreat 2025

REGISTRATION FORM

Name:	
Phone #:	
Email:	
Name Tag:	Do you have a name tag holder? YES NO

PAYMENTS:

West Wing Double occupancy, per person:

_____ **\$502.00** paid in full **OR**

_____ 3 post dated cheques for **\$167.33**

Dated December 1, 2024

Dated January 1, 2025

Dated February 1, 2025

Single occupancy:_____ \$751.00

West Wing Tower Double occupancy, per person:

_____ **\$514.00** paid in full **OR**

_____ 3 post dated cheques for **\$171.33**

Dated December 1, 2024

Dated January 1, 2025

Dated February 1, 2025

Single occupancy:_____ \$774.00

East Wing Tower Double occupancy, per person:

_____ **\$549.00** paid in full **OR**

_____ 3 post dated cheques for **\$183.00**

Dated December 1, 2024

Dated January 1, 2025

Dated February 1, 2025

Single Occupancy:_____ \$844.00

Roommate name:

Do you want a room reserved for the Thursday night before the retreat? YES _____ NO _____

WW-\$199, WWT-\$209, EWT-\$239 (Self Pay) Plus Resort Fee of \$25 plus applicable taxes **per room, paid at the hotel upon arrival.**

CANCELLATION POLICY:

There will be no refunds for non-medical emergencies after March 3, 2025. Should a registrant cancel before March 3, 2025, the space will be made available to the first individual on the waitlist. If the person on the waitlist registers, a full refund will be issued to the person cancelling. If there is no waitlist, the person cancelling is responsible for recruiting a participant and obtaining authorization from the retreat co-coordinator. **There will not be a full refund after March 3, 2025 (unless the spot is filled).**

DISCLAIMER:

I hereby release Harrison Hot Springs Resort & Spa, their board of governors, officers, directors, agents, representatives, employees, successors and assigns and Blue Mountain Quilters' Guild and it's volunteers, from any and all responsibility, liability or claims, but not limited to any claims based upon alleged negligence from personal injury, damages, accident or illness incurred, arising from or related to my participation in any activity at or connected with the retreat at Harrison Hot Springs Resort & Spa by Blue Mountain Quilters' Guild.

I have read and understand the cancellation policy and disclaimer for the Blue Mountain Quilters' Guild Spring Retreat 2025.

Signature_____

Print Name_____ Date_____

EMERGENCY CONTACT

Name:_____

Phone number: _____

Relationship: _____

HEALTH CONFIRMATION

You confirm that you are healthy, in good physical and mental health, and are fully capable of participating in the retreat. You further confirm that you will be entirely self-sufficient for the duration of the retreat. The coordinators of the retreat cannot, and will not, accept responsibility for providing daily personal assistance for any individual having special needs. This includes setting up your sewing area, getting from your room to

the sewing area, serving yourself at mealtimes, packing up your sewing area. If you are not physically able to look after yourself and you still wish to attend, you must provide your own caregiver to see to your needs, at your own expense.

I have read and understand the health confirmation for the Blue Mountain Quilters' Guild Spring Retreat 2025.

Signature _____

Print Name _____

Date: _____

Do you have any special dietary needs or food allergies? If yes, please specify:

Do you need a handicap accessible bathroom? **Yes / No**

Do you have any medical conditions that should be known in the event of an emergency? **Yes / No**

If yes, complete the medical information form on the next page.

MEDICAL INFORMATION

Do not hand this in. Keep this for yourself.

Complete this form and bring to the retreat in a sealed envelope.

Place this envelope under your sewing machine for quick access only in the event of an emergency.

Name	
Address	
BC Care Card #	
Allergies	
Medical Conditions	

