

BLUE MOUNTAIN QUILTERS' GUILD

SPRING RETREAT 2026 General Information

Harrison Hot Springs Resort

Save this page for your personal reference

- When:** Thursday, April 9, 2026. Main Ballroom access after **2 pm !!!**
 Friday, April 10, 2026. All Day
 Saturday, April 11, 2026. All Day
 Sunday, April 12, 2026. **Closes at 2:00 pm.**
- Where:** Harrison Hot Springs Resort and Spa
 100 Esplanade Avenue, Harrison Hot Springs, BC
 Phone: 604-796-2244 or 1-800-663-2266
- Included**
- 2 nights accommodation (April 10 + 11) Thursday April 9 is paid individually at check-in
 - Shared rooms with 2 queen beds; Linens provided, small fridge for food from home.
 - Roommates will be assigned as necessary.
 - Limited number of single rooms available and assigned on a first come basis.
 - Free Parking and WiFi
 - One 6 foot sewing table per person.
 - Meals included: Friday: Buffet Dinner; Saturday: Hot Breakfast, Coffee / snacks, Buffet Dinner; Sunday: Hot Breakfast
 - Note: **Lunch is on your own each day**, we encourage everyone to get up and go out for a walk. There are many restaurants very close by.
- Registration** 40 spots will be open to BMQG members on a first come – first served basis starting on Friday, January 9, 2026 during the regular General meeting of the Guild at the Port Coquitlam Community Center (PCCC) on Wilson Street.
- All registration forms will be submitted with **full payment** in Canadian funds (cash, cheque, e-transfer, money order, or **3 monthly** e-Transfers or postdated cheques) along with **pages 3 + 4 fully completed.** (Registration and Health Confirmation forms) Registration forms will be numbered as they come in. A waiting list will be kept in case of withdrawals.
- After January 9, 2026**, registration forms may be dropped off or mailed to:
 Budget Mini Storage c/o Carol Lifford; 9am – 5pm; 163 Schoolhouse Street; Coquitlam, BC V3K 4X8

Should Provincial Health restrictions or weather limit the in-person December General Meeting then alternate arrangements for registration delivery will be announced via BMQG email protocols.

NOTE: It is a requirement that Guild membership renewal is completed to grant attendance at the retreat. The Retreat Team will consult with the Membership Director on January 10 to verify each Retreat registrant has completed their Annual Guild Membership Renewal. Should you choose to not renew your Guild membership your name will be withdrawn from the Retreat roster on January 10 and paid members on the waitlist will be invited to take your place. If you are not a member on January 10 and we cannot get a replacement for your Retreat booking then your Retreat monies cannot be refunded.

Pricing
Per Person

| Category | Total | 3 Monthly payments |
|--|--------------|--------------------|
| West Wing Double or Multiple occupancy | \$534 | \$178.00 |
| West Wing Single occupancy | \$788 | \$262.67 |
| West Wing TOWER | \$545 | \$181.67 |
| West Wing TOWER Single occupancy | \$811 | \$270.34 |

Questions?
Please
contact:

| | | |
|------------------|--------------|--|
| Suzy Madsen | 604-202-5983 | E.: madsen2@telus.net |
| Carol Lifford | 778-837-4546 | E.: quiltforyou163@gmail.com |
| Alison VanSacker | 604-312-9868 | E.: oneofakindquilts@hotmail.com |
| Cathy Pierson | 604-809-3943 | E.: mclkel7@gmail.com |

BMQG Harrison Hot Springs Spring Retreat 2026

MEDICAL INFORMATION

Do **NOT** hand this page in. Keep this page and bring to the Retreat.

Complete this form and bring to the retreat in a sealed envelope with your name on it.
Place the envelope under your sewing machine for quick access only in the event of an emergency.

| | |
|-------------------------------|--|
| Name | |
| Address | |
| BC Care Card PHN# | |
| Allergies | |
| Medical Conditions | |
| Current Medications | |
| Physician Name(s) and Numbers | |
| Next of Kin - Name | |
| Relationship | |
| Phone Number | |

BMQG Harrison Hot Springs Spring Retreat 2026

REGISTRATION FORM

| | | |
|-----------|----|----|
| NAME | | |
| PHONE #'s | H: | C: |
| E-MAIL | | |

Select your accommodation category of choice on a Full or Monthly payment plan

FULL PAYMENT due January 9

| Category | Amount / person | Choice <input type="checkbox"/> |
|----------------------------------|-----------------|---------------------------------|
| West Wing Double occupancy | \$534 | |
| West Wing Single occupancy | \$788 | |
| West Wing TOWER Double occupancy | \$545 | |
| West Wing TOWER Single occupancy | \$811 | |

MONTHLY PAYMENTS of 3 postdated cheques or 3 e-transfers:

| Category | Amount | Choice <input type="checkbox"/> | Jan 9 | Feb 1 | Mar 1 |
|----------------------------------|--------------|---------------------------------|----------|----------|----------|
| West Wing Double occupancy | \$534 | | \$178.00 | \$178.00 | \$178.00 |
| West Wing Single occupancy | \$788 | | \$262.67 | \$262.67 | \$262.67 |
| West Wing TOWER Double occupancy | \$545 | | \$181.67 | \$181.67 | \$181.67 |
| West Wing TOWER Single occupancy | \$811 | | \$270.34 | \$270.34 | \$270.34 |

Select PREFERRED PAYMENT METHOD:

Note: e-Transfers require submission of a separate online form – a link will be provided as needed

Cash _____ **Cheque** _____ **eTransfer** _____ **Money Order** _____

1. Do you want a sleeping room reservation for Thursday April 9, 2026? **YES** ____ **NO** ____

Self Pay Cost Per ROOM to be **paid at the hotel upon arrival**: WW-\$199, WWT-\$209, Plus room taxes and \$25 Resort Fee.

2. Do you need a handicap accessible bathroom? **YES** ____ **NO** ____ (only two are available)

3. Do you have someone you would like to share a room with? **YES** ____ **NO** ____

(if **YES**, please provide full Name.

4. Do you have any special dietary needs? *food allergies; specific intense aversions* **YES** ____ **NO** ____

If **YES** to allergies or aversions, please specify:

5. Do you have medical conditions that should be known in the event of an emergency? **YES** ____ **NO** ____

EMERGENCY CONTACT:

NAME: _____ Phone Number: _____ Relationship: _____

Every registrant must complete and submit, with this registration form, the Health Confirmation, Cancellation and Disclaimer form pg 4.

BMQG Harrison Hot Springs Spring Retreat 2026

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 and other participants 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 2026.

Confirmed and acknowledged this _____ day of _____, 2026

Print Name: _____ **Signature:** _____

CANCELLATION POLICY:

There will be no refunds for non-medical emergencies after March 3, 2026. Should a registrant cancel before March 3, 2026, 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 of their attendance from the Spring Retreat coordinators.

There will not be a full refund after March 3, 2026 unless the spot is filled.

I have read and understand the Cancellation Policy for the Blue Mountain Quilters Guild 2026 Fall Retreat:

Please print name

Signature

Date

DISCLAIMER:

I hereby release Harrison Hot Springs Resort and 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 and Spa and by Blue Mountain Quilters Guild.

I have read and understand the Disclaimer for the Blue Mountain Quilters Guild 2026 Spring Retreat:

Please print name

Signature

Date