

MISSOURI STAR QUILT CO. TRIP REGISTRATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ PHONE: \_\_\_\_\_

ARE you a member of a Quilt Guild?    YES    NO

IF YES, Name of Guild \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

Please keep a list of your current medications and your basic medical history with you when traveling. If an emergency occurs, you will have the information on you and we will not have to search your hotel room to find it.

Any ALLERGIES: \_\_\_\_\_

Any SPECIAL DIETARY restrictions? \_\_\_\_\_

CHECK YOUR CHOICE:

\_\_\_\_ Single    \$1380.00

\_\_\_\_ Double    \$995.00

\_\_\_\_ Triple    \$865.00

\_\_\_\_ Quad    \$825.00

ROOMMATES:

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REGISTRATION FEE \$ 100.00 \_\_\_\_\_ Make checks payable to Flying Geese Quilt Guild

DO you need to leave your car?    \_\_\_\_\_yes    \_\_\_\_\_no    TAG NUMBER: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_