

Last Name _____
 First _____ Phone _____
 Date ____/____/20____
 Home Store __ Inspire Quilting _____
 Roommate Choice _____

Inspire! Quilting
 101 N Collins Street
 Plant City, FL 33563
 813-704-4867
 www.inspirequilting.com

**Fifth Annual "The Sisterhood of the Traveling Quilts" Bus Tour Registration
 August 10th and 11th, 2018**

7:30 am Arrival Time on Friday, August 10th/ 8:00 am Departure Time

Two days of quilt pampering where you will learn new skills, meet new friends, and find great deals, all while visiting 8 wonderful Quilt stores. And of course there will be a *Party* on Friday night.

Each store will have fun demonstrations and specials.

Join fellow quilters for a special Central Florida Tour of Favorite Quilt Stores!

Registration fee includes your transportation in a luxury coach, hotel accommodations based on double occupancy, and meals (lunch, dinner, and party on Friday / breakfast and lunch on Saturday).

Registration Fee Total: **\$225.00**

Deposit of \$100.00 will hold your seat.

Paid: ____/____/20____

Balance of \$125.00 due by August 1, 2018

Paid: ____/____/20____

Single occupancy requires an add'l. deposit of \$55.00 at registration

Paid: ____/____/20____

Cancellations 30-60 days prior to departure will receive a 50% refund.

No refund will be given to any cancellations within 30 days prior to the departure date.

Please specify your roommate preference (if you have one) in the appropriate space on this registration form.

Payment is confirmation of your booking. You must make your payment within one week of your reservation submission. Your due date for payment is ____/____/20____.

A deposit per person is required to secure your reservation; the deposit amount is \$100.00. This sum will be applied to the price of the tour. Any balance is to be paid in full no later than August 1, 2018 for this tour. Payments received after August 1, 2018 will be charged a \$25 late payment fee. (This does not apply to new reservations made within the 30 day prior to departure.) Reservations made after August 1, 2018 must include full payment. Credit cards and checks are accepted. Funds for checks returned for any reason must be returned by overnight mail in the form of a certified check or money order and must include a \$50 return check fee.

Travel insurance will be covered by the bus company that is providing transportation.

Hold Harmless Agreement: _____ (Store) is not responsible for the costs of any medical treatment you may require during the trip. Under no circumstances is _____ (Store) responsible for the quality of medical care, or lack thereof, you may receive while on the trip. The undersigned agrees to hold _____ (Store) harmless against injury, damages, or losses that might incur during the trip. This signed trip registration states agreement to the above.

I _____ (print name) as a Bus Tour Participant agree to the terms above for this Bus Tour as confirmed by payment and signature of this agreement.

Signature _____ **Date** ____/____/____

Other Information:

Name _____

Medical Food Allergies:

Special Requirements: