

Creative Passions - Registration Form

Last Name	First Name, Middle Initial
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Street Address

City, State, ZIP

Phone Number	Email Address (for confirmation)
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Personal Information

When will you be arriving?	How did you hear about us?
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Food Allergies (if applicable)

Any special need for first floor bedroom

What's your passion? Quilting _____ Scrapbooking _____ Stamping _____ Other _____

Emergency Contact Person:	Emergency Phone Number:
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Group Contact Person:	Group Contact Phone Number:
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Payment Options

<input type="checkbox"/> \$65 Individual Deposit	<input type="checkbox"/> \$130 Individual Full Payment	<input type="checkbox"/> \$60 Deposit Group of 12 **	<input type="checkbox"/> \$130 Deposit Group of 12 w/full meals **	<input type="checkbox"/> \$220 Per Person Group of 12 Full Payment **
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<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	Card Number	CVN*
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<input type="checkbox"/> Discover	Expiration Date
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Name as it appears on the card	Signature of Card Holder
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Billing Street Address (if different from above)

City, State, ZIP

Waiver

In consideration of this registration being accepted, I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages, which I may have, or which may hereafter accrue to me against Creative Passions, LLC and Laura Greenfelder, property owner of the premises of Creative Passions, LLC, and for any and all damages which may be sustained and suffered by me in connection with my stay at Creative Passions.

_____ Signature	_____ Date
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* The CVN (Card Verification Number) is the 3-digit number found on the back of your credit card on the signature panel.

** Must be sent in together.

Mail your completed registration form & deposit to:

Laura Greenfelder
203 Pearl Street
Chesaning MI 48616

Or call 989-845-2159 to register.

