

NAME _____

Date _____

Email _____ Phone _____

Time _____

**PIECING
PARTNERS
QUILT GUILD**
colorado springs co



PPQG 2026 RETREAT REGISTRATION

May 27 – 30, 2026

Franciscan Retreat Center

7740 Deer Hill Grove, Colorado Springs, CO 80919

Wednesday 5/27/26	Thursday 5/28/26	Friday 5/29/26	Saturday 5/30/26
11:00 am – 5:00 pm (+ Overnight Stay)	9:00 am – 5:00 pm (+ Overnight Stay)	9:00 am – 5:00 pm (+ Overnight Stay)	9:00 am – 12:00 Noon

<input type="checkbox"/> \$50 DEPOSIT <i>(Non-refundable; due at registration to reserve your spot)</i> Amount Paid \$ _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card <i>If deposit only paid, do not add to Total Due</i>	OVERNIGHT ATTENDEES <input type="checkbox"/> BALANCE DUE By April 1 <i>(Add amount from section(s) below)</i> Deposit \$ _____ Lodging/ _____ Retreat Fee \$ _____ Meals \$ _____ Total Due \$ _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card	DAYTIME ATTENDEES <input type="checkbox"/> BALANCE DUE By April 1 <i>(Add amount from section(s) below)</i> Deposit \$ _____ Retreat Fee \$ _____ Meals \$ _____ Total Due \$ _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card
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OVERNIGHT LODGING	
OVERNIGHT LODGING COST (3 nights) – Select One <input type="checkbox"/> Single Room \$ 300 ** <input type="checkbox"/> Double Room \$ 165 ** <input type="checkbox"/> Triple Room \$ 120 ** + Retreat Fee \$ 75 Total \$ _____ <i>Rooms have Single Bed(s) with 1 Shared Bathroom. 20 Double, 1 Single, and 2 Triple Rooms available.</i> <i>** Room requests are 1st come; 1st serve.</i>	Special Lodging Requests: <input type="checkbox"/> Do you need wheelchair access, or do you have mobility issues (i.e. stairs, etc.)? <input type="checkbox"/> Roommate Request? * _____ (Name) _____ (Name) <i>* If no roommate is requested, random pairing will occur.</i>

DAYTIME ONLY**Wednesday, 5/27****Thursday, 5/28****Friday, 5/29**☐ Retreat Fee **\$25/day**☐ Retreat Fee **\$25/day**☐ Retreat Fee **\$25/day**

Total of days selected above \$ _____

Note: Venue meeting room sizes limit our total attendance to no more than 50 per day. Overnight lodging registration will take priority over daytime registration. Daytime registration will be on 1st come, 1st serve after overnight registration is closed.

HOT MEALS In Guest Dining Room

Note: Due to rising costs compared to 2025 costs, we are offering the ability to select specific meals you want in the dining room at an additional fee.

Select Single Meals Per Day OR Select All Meals**Wednesday, 5/27****Thursday, 5/28****Friday, 5/29****Saturday, 5/30**☐ Lunch **\$ 24**☐ Dinner **\$ 30***(Tax Included)*

\$ _____

☐ Breakfast **\$ 17**☐ Lunch **\$ 24**☐ Dinner **\$ 30***(Tax Included)*

\$ _____

☐ Breakfast **\$ 17**☐ Lunch **\$ 24**☐ Dinner **\$ 30***(Tax Included)*

\$ _____

☐ Breakfast **\$ 17***(Tax Included)*

\$ _____

Total Based on Meal Selections Above \$ _____

Add this amount to Pg 1 "Meals" Balance Due☐ **All Meals - \$ 213***Add this amount to Pg 1 "Meals" Balance Due***Breakfast** served (8:00 am) – Thursday, Friday, Saturday**Lunch** served (12:00 Noon – Wednesday, Thursday, Friday**Dinner** served (5:00 pm) – Wednesday, Thursday, Friday☐ **Gluten Free Food Restriction** *(Check if Yes)***NOTE:** Gluten Free food restriction is the only allergy recognized for the food menu.**OTHER REGISTRATION INFORMATION****Do you have other concerns or restrictions not addressed elsewhere in this registration form?**

Emergency Contact: Name _____ Phone _____