THANKS FOR THE MEMORIES

Golden Triangle Decorative Painters 31st Annual Retreat October 10-13, 2019

Mail Registration Form to: Mandy Steele, 218 Cochran Street, Fairmont, WV 26554

Telephone: 304-216-8683 E-mail: msteele6453@ma.rr.com

Make checks Payable to GTDP Please include a stamped self-addressed envelope for confirmation of classes

Registration Fee: \$40-GTDP Members: \$45-Non-Member. After 09/15/19, \$45-GTDP Members: \$50- Non-Member

Includes: Thursday night snack, Saturday Social, Sunday Banquet Luncheon and Hospitality Room.

Room Reservations: Contact Antiochian directly. See Retreat Booklet for instructions.

Cancellations: No refunds will be given to "no shows" or for cancellations that occur after September 15, 2019.

The cost of the class consists of the following two (2) fees:

(1) Class Fee: 4 hour class - \$13 for Members \$14 for Non-Members 6 hour class - \$19 for Members \$20 for Non-Members

(2) **Project Fee**: Fee includes paint, surface, picture, pattern and instructions. **Fee paid to the teacher**

On the form below, please indicate a first choice and if desired, a second choice. Full refunds are made for classes cancelled due to insufficient enrollment. Classes with space still available may be purchased at Retreat. Sales will be handled at the Class Sales Table This Registration Form **MUST** be sent to Mandy Steele **NOT** Antiochian

15	st Choice	Fees	2	2 nd Choice
	Class	_ Class fee	_ Class	
4hour	Teacher	_	Teacher	
6hour	Class	 Class fee	Class	
	Teacher		_	
Friday, Oct 11 4hour	Class		Teacher	
	Teacher	_ Class fee	Class	
Saturday, Oct 12 6 hour	Class	_	Teacher	
	Teacher	Class fee	_ Class	
Sunday, Oct 13	Class		Teacher	
4 hour	Teacher Class fee		Class Teacher	
Name			redefici	
Address			Desistration	¢.
City/State/Zip Telephone			Registration	\$
E-Mail			Class Fees	\$
I will be rooming	g: g with to be a Monitor? Yes No		Total:	\$
Signature		Date		_

The art of decorative painting uses products that may cause adverse reactions in those with sensitivity. While attending the retreat we ask you to use your own judgment as to the classes you are able to attend. GTDP assumes no liability for these products.



IN CASE OF EMERGENCY PLEASE CONTACT:

(The contact person must be someone who will be able to make medical decisions on your behalf if you are unable)

NAME		
PHONE NUMBER (HOME)_		
(CELL)		
(WORK)_		
SPECIAL DIETARY REG	QUIREMENTS	
MEDICATIONS TAKEN_		
IN CASE OF EMERGENCY		
(optional)		