

# Welcome

## Golden Triangle Decorative Painters 32nd Annual Retreat October 5 -8, 2023

Mail Registration Form to: Laura Angelo, P.O. Box 259, Hiller PA, 15444  
Telephone: 724-859-8206 E-mail: langelo5@icloud.com

**Make checks Payable to GTDP** Please include a stamped self-addressed envelope if you want your confirmation by mail or confirmation will be sent by email.

**Room:** Single - \$85 per day Double \$42.50 per day Triple \$28.50 per day  
**Meals:** \$12 per meal  
**Dessert:** \$3 per meal – dinner only

**Registration Fee:** \$40–GTDP Members and Non-Members. After 09/17/2023, \$45–GTDP Members: and Non-Members  
Includes: Sunday Banquet Luncheon and Hospitality Room.  
A one-day registration is being offered for \$15. If attending Sunday's Banquet fee remains at \$40

**Cancellations:** **No refunds will be given to "no shows" or for cancellations that occur after September 15, 2023.**

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

- (1) **Class Fee:** 4 hour class - \$12 for Members or Non-Members  
6 hour class - \$18 for Members or 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 Laura Angelo **NOT** Crestfield Camp and Convention Center.

	1 <sup>st</sup> Choice	Fees	2 <sup>nd</sup> Choice
Friday, Oct 6 4 hour	Class _____ Teacher _____	Class fee _____	Class _____ Teacher _____
Friday, Oct 6 6 hour	Class _____ Teacher _____	Class fee _____	Class _____ Teacher _____
Saturday, Oct 7 4 hour	Class _____ Teacher _____	Class fee _____	Class _____ Teacher _____
Saturday, Oct 7 6 hour	Class _____ Teacher _____	Class fee _____	Class _____ Teacher _____
Sunday, Oct 8 4 hour	Class _____ Teacher _____	Class fee _____	Class _____ Teacher _____
Name _____			Registration \$ _____
Address _____			
City/State/Zip _____			Class Fees \$ _____
Telephone _____			
E-Mail _____			Room & Food \$ _____
Dates Attending: _____			
I will be rooming with _____			Desserts @ \$3.00 \$ _____
I will be attending the Sunday Banquet: _____ Yes: _____ No			
Would you like 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.

**OVER**

Name				
ROOM RATES	Single \$85.00	Double \$42.50	Triple \$28.50	
Thursday				
Friday				
Saturday				
Total				
MEALS	Breakfast \$12.00	Lunch \$12.00	Dinner \$12.00	Desserts \$3.00
Thursday	XXXXXXXXXX	PIZZA PARTY	BONFIRE/S'MORES	XXXXXXXXXX
Friday				
Saturday				
Sunday (Breakfast only)		BANQUET		
Subtotal Meals				
Total Meals				
			GRAND TOTAL	

**SPECIAL DIETARY REQUIREMENTS** \_\_\_\_\_

**SPECIAL ROOM REQUIREMENTS** (If Available) \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

**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) \_\_\_\_\_