

Welcome

Golden Triangle Decorative Painters 32nd Annual Retreat October 24 - 27, 2024

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: See reverse side

Registration Fee: \$40—GTDP Members and Non-Members. After 09/17/2024, \$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, 2024.**

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 st Choice	Fees	2 nd Choice
Friday, Oct 25 4 hour	Class _____ Teacher _____	Class fee _____	Class _____ Teacher _____
Friday, Oct 25 6 hour	Class _____ Teacher _____	Class fee _____	Class _____ Teacher _____
Saturday, Oct 26 4 hour	Class _____ Teacher _____	Class fee _____	Class _____ Teacher _____
Saturday, Oct 26 6 hour	Class _____ Teacher _____	Class fee _____	Class _____ Teacher _____
Sunday, Oct 27 4 hour	Class _____ Teacher _____	Class fee _____	Class _____ Teacher _____

Name _____
Address _____
City/State/Zip _____
Telephone _____
E-Mail _____
Dates Attending: _____
I will be rooming with _____
I will be attending the Sunday Banquet: Yes No
Would you like to be a Monitor? Yes No

Registration \$ _____
Class Fees \$ _____
Room & Food \$ _____
Desserts @ \$3.00 \$ _____
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: _____

	<u>Single</u>	<u>Double</u>	<u>Triple</u>
4 Nights	7 Meals.....\$354.00 6 Meals.....\$342.00 5 Meals.....\$330.00	7 Meals.....\$229.00 6 Meals.....\$217.00 5 Meals.....\$205.00	7 Meals.....\$194.00 6 Meals.....\$182.00 5 Meals.....\$170.00
3 Nights	7 Meals.....\$304.00 6 Meals.....\$292.00 5 Meals.....\$280.00 4 Meals.....\$268.00	7 Meals.....\$204.00 6 Meals.....\$192.00 5 Meals.....\$180.00 4 Meals.....\$168.00	7 Meals.....\$179.00 6 Meals.....\$167.00 5 Meals.....\$155.00 4 Meals.....\$143.00
2 Nights	4 Meals.....\$228.00 3 Meals.....\$216.00	4 Meals.....\$198.00 3 Meals.....\$126.00	4 Meals.....\$112.00 3 Meals.....\$100.00

Desserts with dinner only is \$3.00 each meal

I will be staying ___ with ___ meals and ___ Desserts Total Price _____

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) _____