



## THE SALTY QUILL WRITERS RETREAT FOR WOMEN

### APPLICATION

If you are a writer and are interested in joining us, please read the accompanying Details and Confirmation form, and complete this application form. Feel free to email [retreat@thesaltyquill.com](mailto:retreat@thesaltyquill.com) or call 781-925-6167 if you have questions you can't find answered online or in these documents. Applications will be considered until the retreat is full, and if full, we can add you to our waitlist. Please note that spaces are limited and while we may not have room for all applicants this fall, we will offer the retreat again next year.

### YOU

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact name, phone, and email: \_\_\_\_\_

### YOUR WRITING

Writing genre (fiction, poetry, creative non-fiction, etc.): \_\_\_\_\_

Please attach a 5-page writing sample (12' type, double-spaced), along with a small paragraph (300 words or less) about your writing (be as general, specific, formal or informal as you like).

### WHEN & WHERE

☐ September 22 – 29

### CHOOSE YOUR SESSION

Full week ☐ September 15 – 22

Half-week      ☐September 15 – September 22  
                    ☐September 22 – September 26

ROOM PREFERENCE

Second choice: \_\_\_\_\_

First choice: \_\_\_\_\_

Third choice: \_\_\_\_\_

Would you still be interested in attending if a single room was not available? YES ☐ NO ☐

#### ALLERGIES, ETC.

Do you have any health concerns, conditions, allergies, or dietary restrictions which may impact you while on the island?

\_\_\_\_\_  
\_\_\_\_\_

Please indicate if you are allergic to any of the following ingredients and whether those allergies are Light (L), Moderate (M), or Severe (S): shellfish: \_\_\_\_\_ dairy: \_\_\_\_\_ wheat: \_\_\_\_\_ soy: \_\_\_\_\_ nuts: \_\_\_\_\_ fruit: \_\_\_\_\_ onions: \_\_\_\_\_ garlic: \_\_\_\_\_ vinegar: \_\_\_\_\_ other (please specify): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

To confirm that you have read and understand this application and the accompanying Details and Confirmation Form, and would like to apply for a spot at the 2018 Salty Quill Writers' Retreat for Women, please sign, date and return this form along with your writing sample, and the last page of the Details and Confirmation form via email or snail mail, to: [retreat@thesaltyquill.com](mailto:retreat@thesaltyquill.com) or Salty Quill Writers Retreat, 11 Willow St., Hull, MA 02045. Writer applications are accepted on a rolling basis, and accepted based upon quality of writing sample.

Pam Loring will email or call you to confirm and/or discuss availability of your room choice. When your room choice is confirmed, you should mail a deposit check for 50% of your full payment within 14 days, during which time the room will be reserved for you. (You are welcome to pay in full upfront if you wish.) Once the list of attending writers is finalized, everybody's contact info will be shared and people can make arrangements for carpooling, etc., as we have done in the past years.

Price includes room, all meals, and transportation to and from the island by boat from Port Clyde, Maine. The full-week session runs from Saturday afternoons to Saturday mornings, September 15-22, and September 22-29, respectively. Transportation to Port Clyde is the responsibility of the writer. Transportation to and from the island is scheduled according to tides (high) and dependent upon weather. Additional trips may be arranged and may depend on needs of other attendees, organizers, tide and schedule of caretaker. Once your deposit (50% payment) and signed Application and Confirmation forms are received, your reservation will be secured. If we don't receive your deposit within 14 days of confirmation of your room, we cannot assure your spot will remain available. Your final payment (the remaining 50%) should be received by August 1st. If not, your spot will be offered to wait-list applicants, and if we can fill your spot, you will receive a refund of your deposit less a 25% charge of your total charge.

\_\_\_\_\_  
Signature

Printed Name

\_\_\_\_\_

---

Date