

CAQG RETREAT REGISTRATION FORM 2025

NAME: _____

EMAIL: _____

PHONE: _____ HOME _____ CELL _____

I PREFER A FIVE NIGHT RETREAT BEGINNING JANUARY 15* _____

I PREFER A FOUR NIGHT RETREAT BEGINNING JANUARY 16* _____

I PREFER A SINGLE ROOM _____

I PREFER A DOUBLE ROOM _____

MY ROOMMATE IS _____

*ROOMMATES MUST STAY THE SAME NUMBER OF NIGHTS IN A SHARED ROOM.

I PREFER TO STAY IN THE ANNEX. _____

I PREFER A ROOMMATE BUT I NEED TO FIND ONE. _____

I HAVE NO DIETARY RESTRICTION. _____

I REQUEST A SPECIAL DIET. _____ GLUTEN FREE _____ VEGETARIAN _____

I NEED SPECIAL ACCOMMODATIONS. For example, I will need help for the uphill walk to the dining hall or I need help moving into my room or sewing area. Please explain.

I WILL HAVE _____ TO HELP ME WITH SPECIAL NEEDS.

EMERGENCY CONTACT INFORMATION (This should be family member who knows that you are away from home and not someone who is traveling with you.)

NAME _____ RELATIONSHIP _____

PHONE _____ EMAIL _____

- Are you certified in CPR and First Aid from a nationally recognized provider?

Yes _____ No _____

Please make your \$25.00 non-refundable check out to

WE Skelton 4-H Conference Center

Mail to

Janet Saulsbury

1718 Verona Drive

Charlottesville, VA 22911