



THE GATHERING

8567 South Loop Road, Larsen, WI 54947
Direct Line 920-778-8031 or 920-722-7233 x102

Shibori & Indigo Dying Workshop With Debbie Maddy

CONTACT INFORMATION:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Secondary Phone: _____

Email - print clearly: _____ Allergies/Medical Food Condition: _____

Dietary Restrictions: _____

All accommodations for food allergies, medical food conditions, and/or dietary restrictions will be addressed to the best of The Gatherings abilities. However, guests are responsible for using their best judgement at all times related to these conditions. Any refrigerated medication is the responsibility of the guests.

Emergency Contact: _____ Relationship: _____

Emergency Contact: _____

Emergency Contact Email: _____

REQUIRED WITH RESERVATIONS OF MORE THAN TWO GUESTS

Group Leader Name: _____ Group Leader Phone Number: _____

Group Leader Email: _____ Number of Guests: _____

____ \$90 One-Day Class – November 6, 2021 (Saturday) – instruction, kit, lunch

____ \$220 Three-Day Class - November 3 – 5, 2021 (Wednesday – Friday) – instruction, kit, lunch

Payment due when registering by check or credit card (\$8.80 credit card processing fee)

OR THREE-DAY CLASS WITH 2 nights LODGING (November 3 & 4, 2021) - SELECT ROOM TYPE:

_____ \$670 Single _____ \$520 Double _____ \$520 Triple _____ \$520 Quad

(Includes - class instruction, kit, three meals per day, lodging)

Arrival date: _____ Check out date: _____

Preferred Check in time: _____ Preferred Check out time: _____

LODGING CHECK-IN: 3:00 pm CHECK-OUT: 11:00 am

OPTION FOR EARLY CHECK-IN OR LATE CHECK-OUT BY 2 HOURS - ADDITIONAL \$50 FEE

- Prices are subject to applicable local and federal taxes

All attempts to place guests in the room type of their choice will be made. However, adjustments may be required to meet occupancy availability.

ROOMMATES: 1. _____ 2. _____

3. _____ 4. _____

A \$200 deposit per guest is required upon registration to hold the reservation. If cancellation occurs within 30 days prior to your arrival date, all monies paid are non-refundable but transferable to a different date subject to availability. Deposits will apply to outstanding room balance upon final payment. Final payment is due 30 days prior to the first day of the registered retreat. Payment may be made by check or by credit/debit card. A 4% credit card processing fee will apply.

Mail this registration form and payment to:

Primitive Gatherings Attn: Retreat Manager 8567 South Loop Road Larsen, WI 54947

Credit card information may be filled out below or called in to the Retreat Manager if preferred.

Name on Credit Card: _____ Credit Card #: _____

Expiration Date: _____ 3 Digit Security Code: _____ Billing Zip Code: _____

Any photographs taken while attending this event give the right for Primitive Gatherings to use only in a professional manner within their company protocol and/or event or establishment for training and/or advertising. Certain areas may be off limits to photography. _____ Approve _____ Decline

Attendee agrees to hold harmless Primitive Gatherings - to include all employees, contractors, instructors, vendors, and affiliates, for any damages, losses or injuries that may occur while traveling to/from or during/after the event/retreat, in classroom environment, touring the facility, and all areas within and/or on premise(s). I waive any/all claims for any personal injury, property damage or loss sustained by me as a result of my participation in Primitive Gatherings event held on premise(s). By signing, I confirm I have read the above and agree to these terms, conditions, waiver, and release of liability.

Signature: _____ Date: _____

Revised 8/05/21