

All in Stitches Winter Retreat, 2012!

I would like to invite you to join me for our fall retreat at the Ironwood Springs Christian Ranch just outside of Stewartville, Thursday-Sunday, January 26-29, 2012. It will be the perfect get away with a weekend filled with quilting, sewing, friends and fun! We have lots of spacious room to sew in, in a beautiful new building with lots of windows set in a lovely wooded area. There are wonderful walking trails right outside the door and the fall colors should be spectacular!

The cost for the retreat is \$170, which will cover the cost of your room for two nights, (triple occupancy), two evening meals and two brunches. You may opt to come the evening before on Thursday, January 26th, for an extra \$30.

The retreat is filled on a first-come basis, as I will limit the number of participants. The sleeping rooms are comfortable, roomy, and handicap accessible. Each room has a queen sized bed and bunk bed with a futon below. There are a limited number of roll-a-ways available, too. The retreat center is a non-smoking, non-alcohol establishment. You may come anytime on Friday and check out on Sunday is at 4:00 p.m. Those that are coming on Thursday may check in after 1:00 p.m.

Sandy Evans will be your hostess. There will be giving lots of demos throughout the weekend on different techniques that will spark your creativity. Bring your quilting and sewing projects and plan for a fun and relaxing weekend!

We look forward to giving you the time away that you deserve! It's all about you!



Sandy and the All In Stitches Staff

Your Name _____

**Registration:
Room and Meals**

Cost is per person for two night stay and four meals:

_____ Triple (or more) \$170.

_____ Double Occupancy \$195

Cost per person for three night stay and four meals (No meals until Friday night)

_____ Triple (or more) \$200

_____ Double Occupancy \$225

_____ Please assign two roommates for me.

Total \$ _____

Note: A non-refundable deposit of \$25 will hold your space until January 5th when the remainder of payment is due. We would prefer payments by check. Refunds will not be given after January 5th unless we are able to fill your space.

Name _____ Phone _____

Address _____

City, State and Zip Code _____

Method of Payment

Check _____

Emergency contact & phone

Number _____

I understand that I must provide my own medical/liability insurance.

Signature _____ Date _____

Note that check in on Thursday is anytime after 1:00 p.m.

Friday check in is anytime after 9:00 a.m.