

SEWING CAMP Registration Form

Name: _____ Member/Non-Member: _____

Address: _____ City/State: _____

Phone: _____ Email: _____

Sewing Camp Date: _____

Date Registered: _____ Total Amount Due: _____ Check # _____ Cash

_____ Emergency Contact: _____ Phone: _____ Relationship:

_____ Checks should be made payable to: *Pieces and Patches Quilt Guild*

Both Days: Member \$40, Non-Member \$45 One Day: Member \$25, Non-Member \$25

Payments can be mailed to: *Pieces and Patches Quilt Guild, PO Box 6294, Jackson, MI 49201* or brought to a *Guild meeting*.