

## **SEWING CAMP Registration Form**

Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Member: \_\_\_\_\_ Non-Member: \_\_\_\_\_

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

Payments can be mailed to:

Pattie Rayl 3442 Roosevelt Rd Jackson, Michigan 49203

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