

WORKSHOP REGISTRATION

Name of Class:

Date of Class:_____

Cost: \$_____

Please complete and give this form to a member of the workshop committee, or mail with your payment to: Comox Valley Schoolhouse Quilters Guild, Box 1507, Comox, BC V9M 8A2. If paying by cheque, make cheque payable to Schoolhouse Quilters Guild.

Name:_____

Phone:_____ **Email:**_____

Workshop Policies relating to registration and cancellations is found on pages 12 and 13 of the guild policies handbook.