

Registration Form

Pine Needle Basketry Class

Please Fill Form Out Completely

January 20, 2019

Personal Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____

Email _____

Additional Student Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____

Email _____

Payment Information

Registration Fee

Payment

Self \$ 85.00 _____

Check Number _____

Additional \$ _____

Make check payable to Marilyn McDanel

Total \$ _____

Mail registration form and check to:

P. O. Box 369
Fiddletown, CA 95629

Do Not Write Below This Line

Date Received _____

Confirmation Sent _____

Directions Sent _____