

Registration Form

Pine Needle Basketry Class

Please Print Clearly

March 19, 2011

Personal Information

Name _____

Address _____

City _____

State _____ Email _____

Zip _____ Phone _____

Additional Student Information

Name _____

Address _____

City _____

State _____ Email _____

Zip _____ Phone _____

Registration Fee

Self \$ 55.00 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 Line

Date Received _____ Confirmation Sent _____ Directions Sent _____