

CLASS/WORKSHOP REGISTRATION FORM

Name (please print clearly): _____

Mailing address: _____

E-Mail: _____ Phone: _____

Class Title: _____

Check #: _____ Amount: _____

Additional **optional** fee for kits, patterns, tools, etc.: _____

Make checks out to "Hawaii Quilt Guild"

I have read and understand the Hawaii Quilt Guild class/workshop policy document. _____

(Initial)

.....
Treasurer/Education Chair Record

Postmarked: _____ Received (date): _____

Amount: _____ Check #: _____

Send Registration form and money to:

Kathleen Foote, HQG Education Chair, 5534 Bittern Ave., Ewa Beach, HI 96706

foote.kathleen@gmail.com Subject Line: HQG Class or text 808-426-6103