

Appleseed Quilters Guild
Workshop Registration

Workshop #1 _____

Amount _____ Date _____

Workshop #2 _____

Amount _____ Date _____

Name _____

Email _____

Phone _____

Complete and submit with payment at guild meeting or mail to:

Appleseed Quilters Guild - programs
P.O. Box 10484
Fort Wayne, IN 46852-0484

Make checks payable to Appleseed Quilters Guild

Payment by:

check check # _____ total amt _____

cash total amt _____