



**Registration Form:**

Student I.D. No. (off of mailing label) \_\_\_\_\_

	Choice #	Class #	Class Name	Name _____
Fri.	1	_____	_____	Address _____
	2	_____	_____	
	3	_____	_____	
	4	_____	_____	
Sat.	1	_____	_____	City, State _____
	2	_____	_____	
	3	_____	_____	Zip _____ Phone _____
	4	_____	_____	
Sun.	1	_____	_____	E-Mail _____
	2	_____	_____	
	3	_____	_____	
	4	_____	_____	

Total Days Registered: \_\_\_\_\_

Check payable to **Wildwood Basketry Guild**  
 Registration Fee Enclosed \$ \_\_\_\_\_

(1 Day-\$40.00, 2 Days-\$80.00, 3 Days-\$120)

Mail this Registration Form, a  
 check and a Large SASE to:

Winter Weave 2009  
 Char Ciammaichella  
 610 Circlewood Dr.  
 Aurora, Ohio 44202