

Winter Weave Registration Form

Name _____

Address _____

City, State, Zip _____

Phone _____ E-Mail _____

Day 1

Choice #	Class#	Class Name
1	Day 1 _____	_____
2	Day 1 _____	_____
3	Day 1 _____	_____
4	Day 1 _____	_____

Day 2

Choice #	Class#	Class Name
1	Day 2 _____	_____
2	Day 2 _____	_____
3	Day 2 _____	_____
4	Day 2 _____	_____

Day 3

Choice #	Class#	Class Name
1	Day 3 _____	_____
2	Day 3 _____	_____
3	Day 3 _____	_____
4	Day 3 _____	_____

Total Days Registered: _____ Registration Fee Enclosed \$ _____

1 Day- \$ 45.00

2 Days-\$ 90.00

3 Days-\$ 130.00

PLEASE MAKE MORE THAN ONE CHOICE FOR EACH REGISTERED DAY. Thank you.

Check payable to **Wildwood Basketry Guild**. Mail this Registration Form, check and a Business sized self-addressed, stamped envelope to: Winter Weave c/o Barb Honey 15092 Hook Hollow Road Novelty, OH 44072