

Winter Weave Registration Form

Name _____

Address _____

City, State, Zip _____

Phone _____

E-Mail _____

Friday

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

Saturday

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

Sunday

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

Total Days Registered: _____ **Registration Fee Enclosed\$** _____

1 Day- \$ 40.00

2 Days-\$ 80.00

3 Days-\$ 120.00

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