



Registration Form:

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 \$ _____

Registration Fee:

- 1 Day- \$ 40.00
- 2 Days-\$ 80.00
- 3 Days-\$ 120.00

Mail this Registration Form, a check and a Business sized self addressed, stamped envelope to:

Winter Weave
610 Circlewood Dr.
Aurora, Ohio 44202