

Registration Form Pine Needle Basketry Class

Please Fill Form Out Completely

March 9, 2024

Your Information

Name: _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Email _____

Additional Student Information

Name: _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Email _____

Payment Information

Registration Fee

Self \$ 85.00

Additional \$ _____

Total \$ _____

Payment

Check Number _____

Make check payable to Marilyn McDanel

Mail registration form and check to:

P. O. Box 369

Fiddletown, CA 95629

Do Not Write Below This Line

Date Received _____

Confirmation Sent _____

Directions Sent _____