



The Peninsula Piecemakers Quilt Guild Workshops

Date of Workshop: _____ Workshop FeeA: \$ _____
 Workshop Name: _____ Instructor: _____
 Kit Required? _____ Yes _____ No *Kit Fee: \$ _____
 Workshop Location: _____ Time: _____

*** If kit is required, the fee should be paid directly to the instructor***

In order to receive a refund, you must notify the workshop Chairperson or a Board Member **three weeks** prior to the workshop date.

	Name	Phone	Payment Method Check #/Cash	Amount
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All workshops **MUST** pay for themselves.

For Treasurer's Use:

Received \$ _____ From: _____, Workshop Chairperson

Paid \$ _____ To: _____, Instructor