

EDUCATION FORM TO REQUEST A CLASS

Date: _____

Name: _____ Phone #: _____ Email: _____

Class: _____ Class Date: _____

Instructor: _____ Class Fee: \$ _____ Check #: _____ Cash: _____

Please enclose your check payable to **SOUTHWEST FLORIDA QUILTERS' GUILD** and mail to:
Education Committee c/o MaryAnn Logan
290 Rainbow Drive
North Fort Myers, FL 33903

OR Present your check and this form to the registrar for the class you are requesting.

****Classes are filled as forms and payment are received.****
No refunds for student cancellations within 30 days prior to scheduled class date.

REGISTRAR USE ONLY: Date Received _____ Name added to SignUp Genius Date _____
