

## WORKSHOP APPLICATION

NAME: <i>(please print)</i>	
Phone No:	
Address:	
WORKSHOP No.1:	
Tutor:	
Workshop Date:	
Cost:	
WORKSHOP No.2:	
Tutor:	
Workshop Date:	
Cost:	

Please send this completed form together with a **STAMPED, SELF-ADDRESSED ENVELOPE** to:  
*The Workshop Registrar*  
*The Embroiderers' Guild of WA (Inc)*  
*PO Box 85*  
*APPLECROSS WA 6953*

Receipt & list of requirements are sent 2 weeks before class

### PAYMENT DETAILS

Full Payment		Deposit of \$20 per workshop	
Amount	\$	\$	

Full payment must be made four weeks before class.

Payment enclosed: (please tick)

CreditCard		MoneyOrder		Cheque	
Please complete section below					

Cheques should be made payable to:

*The Embroiderers' Guild of WA (Inc)*

### CREDIT CARD PAYMENTS

Visa		MasterCard		Bankcard	
Amount:	\$	Expiry Date:		CCV	
	-		-		
Name shown on card:					
Signature:					

*(Office Use Only)*

Registration No.

Receipt No.

Date Rec'd:

Receipt Date: