

GREAT BASIN BASKETMAKERS WORKSHOP SIGN-UP

Workshop Title: _____

Instructor: _____

Workshop Date(s): _____ Time(s): _____

Workshop Fee: _____ Material Fee: _____

*** Please make check payable to the Instructor ***

	PARTICIPANT NAME	EMAIL and/or PHONE	AMT PAID	CASH/CHECK	M. FEE PD
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WAITING LIST:

1					
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INSTRUCTOR: Thank you for teaching a workshop for GBB. We hope you enjoyed your class.

Within a week of the workshop, please complete the information below and mail to the GBB Treasurer. Thank you.

hrs/Sat. Program
 3rd Thursday
 3rd Saturday
 Other _____

Workshop Title: _____ Workshop Date: _____

Instructor: _____ # of participants @ \$5.00 = _____

MAIL TO: Tia Flores c/o Great Basin Basketmakers; P.O. Box 11844, Reno NV 89510-1844