Registration Flowers in Hand Stitch with Gail Harker

A 1-day class, 12 June, 2017 - \$125 Address: Phone: _____ Fax: _____ E-mail: *Full Tuition due at time of registration* **Check enclosed for:** O Full Tuition - \$125 Please bill my credit card for: O Full Tuition - \$125 Credit Card Number _____ Exp. Date _____ Cardholder Signature ______ CVV Code* __ **Note:** You may alternatively phone us to give credit card information. I have read and understand the terms and conditions as outlined in the brochure, and hereby agree to them:

Signature required for registration (please photocopy this form & retain for your records)



P.O. Box 1000 La Conner WA 98257

Phone: (360) 466-0110 gail@gailcreativestudies.com www.gailcreativestudies.com