REGISTRATION

Name:	
Address:	
Phone:	
Email address:	
Guild Assoc	
Please choose 2 of the following discussion top choice and #2 next to your second choice. You	
group and a presentation in the dining room by our	
Thrifty Quilting Better Borders Fabric Exchanges Hexagons Wool Work Block of the Month Shopping Outside the Quilt Sho	——————————————————————————————————————
Please make a note of your choices for future reference.	
Mail registration form and check for \$25.00 (per per Quilters to:	rson) payable to Loose Threads
Laurie Kelly	
P.O. Box 24	
Gilbertsville, PA 19525 You will be contacted only if the event is sold or	ut

All forms are available on our website: www.theloosethreadsquilters.org