

Registration Form
For Stitchers Dream Day Out
at THE QUILTERS ANGEL

Name/s

Address

.....

Daytime Phone

Email

(To confirm payment)

I wish to attend (please tick):

Saturday

and/or

Sunday

Group Booking

To sit with:

Or

Individual Booking

Enclosed is my payment:

- Cheque
- Money Order
- Cash
- EFTPOS

Amount:

\$ _____

(\$60 deposit is required per
person per day)

Card #

Expiry..... CVC.....

Please forward with payment to:

Stitchers Dream Day Out
c/- The Quilters Angel
10475 New England Highway
HIGHFIELDS QLD 4352
Fax: (07) 46 308 062