

Stitchers Dream Day Out
Registration Form

NAME/S: _____

DAYTIME CONTACT NUMBER: _____

EMAIL: _____

I/we wish to attend (please tick):

Saturday

and/or

Sunday

I'd like to sit with: _____

Food Allergies: _____

My payment:

Amount: _____

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

Credit Card

Cheque

Cash

Card Number: _____

Expiry: _____ CVV: _____

Please email registration form to:
info@quiltersangel.com.au

Or you can mail to:
The Quilters Angel
10475 New England Highway
Highfields QLD 4352