

HANDWEAVERS & SPINNERS GUILD OF VICTORIA INC

655 Nicholson Street Carlton North 3054, Telephone 9387 9222

Classes will be held at the above address

Application Form

Name of Class or Workshop

Date of Class or Workshop.....

Cost of Class or Workshop

Your Details

First NameSurname

Address.....

.....

Telephone : Day Night

Email Address

I enclose \$cash / cheque / money order / credit card

Card type (*please circle*) Mastercard Visa

Card Number: _ _ _ _ _ _ _ _ _ _

Expiry Date _ _ / _ _

Signature

Application form to be sent to: Handweavers and Spinners Guild of Victoria Inc.
655 Nicholson St.,
Carlton Nth 3054

- PLEASE SEND A STAMPED SELF ADDRESSED ENVELOPE WITH YOUR APPLICATION

Office use only – Date application is received _____

Receipt No _____

Entered in Class Register

Teaching File