

GREAT BASIN BASKETMAKERS WORKSHOP SIGN-UP

Workshop Title: _____
 Instructor: _____
 Workshop Date(s): _____ Time(s): _____
 Workshop Fee: _____ Material Fee: _____

*****Please make check payable to the Instructor*****

	PARTICIPANT NAME	EMAIL and/or PHONE	AMT PAID	CASH/ CHECK #	M. FEE PD.
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Your place in the workshop will not be secure until all fees are paid!!

INSTRUCTOR: Thank you for teaching a workshop for GBB. We hope you enjoyed your class.

Within a week of the workshop, please complete and submit the information below along with your check made out to GBB. Thank you.

CLASS OR WORKSHOP TITLE _____ **WORKSHOP DATE:** _____

INSTRUCTOR: _____ **# of participants @\$2.50 =** _____

MAIL TO: GBB Treasurer, P.O. Box 11844, Reno, NV 89510-1844