



Gulf States Quilting Association
Circuit Teacher Program



Class Sign-up Sheet

Class: _____ Teacher: _____

Date: _____ Location: _____

Chapter: _____

	Student Name	GSQA Member Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Room Fee: Yes? No? _____ Total Collected: (MIN. 300.00) _____

Payee and Address for Room Fee _____ Chapter Contact: _____

_____ Address: _____

_____ Phone: _____

_____ Email: _____

Please return completed form to: **Liz Linebrink**
3044 Jackson Landing
Picayune, MS 39466