



Gulf States Quilting Association
Circuit Teacher Program



Class Sign-up Sheet

Class: _____ Teacher: _____

Date: _____ Location: _____

Chapter: _____

	Student Name	GSQA Member Number
1.		
2.		
3.		
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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: **Glenda Copeland**
 19 Gold Pt.
 Carriere, MS 39426