

# Education

Date: \_\_\_\_\_

EDUCATION FORM TO REQUEST A CLASS

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Class: \_\_\_\_\_ Class Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Class Fee: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Please enclose your check and mail to:      **OR**      Present your check and this form to the registrar  
for the class you are requesting

Education Committee  
Peace River Quilters' Guild, Inc.  
P.O. Box 512265  
Punta Gorda, FL 33951

**\*\* Classes are filled as forms and payment are received \*\***  
**No refunds for student cancellations within one week prior to in-**  
**house classes or two weeks prior to visiting faculty classes**