

Class Registration Form

Name: _____

Address: _____

Phone: _____

E-Mail: _____

<u>Class</u>	<u>Day & Time</u>	<u>Fee</u>
1. _____		
2. _____		
3. _____		
4. _____		

Total Enclosed: \$ _____

Print this Form and Mail/or bring it to:
Quilters Corner
309 Third Street
International Falls, MN 56649

218 285 2080

Include: Check _____ **or**
Master or Visa
_____ **Exp.** _____ **Verification#** _____
on back of card