

Gathering – “Bedtime Stories”

May 29-31, 2009

Workshop Registration

Name: _____

Address: _____

City: _____ Province/State: _____

Postal Code: _____ Phone: _____

E-Mail Address: _____

Workshop #: _____ Workshop Name: _____

Cost: _____ Number of Kits (if Available): _____

Choice #: _____

Workshop #: _____ Workshop Name: _____

Cost: _____ Number of Kits (if Available): _____

Choice #: _____

Workshop #: _____ Workshop Name: _____

Cost: _____ Number of Kits (if Available): _____

Choice #: _____

You may make extra copies of this document if you want to register for more workshops.

Make cheques payable to: Spruce Grove Miniature Club

Return forms and cheques/money orders to:

Spruce Grove Miniature Club
P.O. Box 3333 Stn. Main
Spruce Grove, Alberta T7X 3A6
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