

# 2019 Youth Sewing & Quilting Camp Registration

Held at the Coeur d'Alene Shrine Special Event Center, 1250 W Lancaster, Hayden, ID

Name \_\_\_\_\_ Age \_\_\_\_\_

Parent or guardian name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

<input type="checkbox"/>	<b>Sewing Camp – July 29-30, 2019</b> <b>\$30.00</b> Monday-Tuesday 10:00 am to 4:00 pm <u>Age 7 or older</u> : learn how to sew or refresh your stitching skills	Make checks payable to: NORTH IDAHO QUILTERS
<input type="checkbox"/>	<b>Quilting Camp – July 31-Aug 2, 2019</b> <b>\$45.00</b> Wednesday-Friday 10:00 am to 4:00 pm <u>Age 10 or older</u> : must have taken sewing camp or have advanced sewing skills <b><i>*No Refunds will be issued*</i></b>	
	<b>TOTAL</b> _____	

Check all boxes that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> I'll bring a sewing machine                                  | <input type="checkbox"/> Please bring a sewing machine for me |
| <input type="checkbox"/> I'll bring sewing supplies                                   | <input type="checkbox"/> Please bring sewing supplies for me  |
| <input type="checkbox"/> Do NOT take photos of my child that may be used in publicity |   |

Any health issues that we should be aware of? \_\_\_\_\_

Briefly describe previous sewing experience: \_\_\_\_\_

How did you hear about our camp? \_\_\_\_\_

There will be close adult supervision at all times, and safety precautions will be taken. I hold the North Idaho Quilters Guild and members harmless for any accident or injury to my child.

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact name and phone number: \_\_\_\_\_