

# Rebekah Smith Class

## M&E Quilt Shoppe Registration Form

October 19 & 20, 2018

**Payment by Check Only to:** M&E Quilt Shoppe

Mail to: 279 E. Market Street, Sandusky, OH 44870 419-502-9123 [me@mequiltshoppe.com](mailto:me@mequiltshoppe.com)

**Classroom:** Located kitty corner from the shoppe at 200 Hancock Street

**Instruction/Class Fees** (includes instructor fees, pattern, kit, lunch, facility and insurance/administration fees) kits only sold to class students. Supply lists provided - some projects may require "pre-work" before class. Accommodations are made on your own (if applicable).

**50% Deposit Due With Registration Form. Final Payment – Due by October 1, 2018.**

Date	Class	Time	Class Fee	Instructor	Select box style of choice
October 19 (Friday)	___ Wool Bird Rug	9:30-4	\$180.00	Rebekah Smith	___ flowers ___ house ___ sheep
October 20 (Saturday)	___ Wooly Boxes	9:30-4	\$140.00	Rebekah Smith	

Circle days attending: FRIDAY SATURDAY



Total Class Fee(s) \$ \_\_\_\_\_

Total Deposit \$ \_\_\_\_\_ mail check with registration fee

Balance Due \$ \_\_\_\_\_ by October 1, 2018

Limit of 25 students, reserve your spot today.



**PLEASE PRINT**

Go to: [www.mequiltshoppe.com](http://www.mequiltshoppe.com) for more class information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature (Required): \_\_\_\_\_

**Cancellation Policy:** Cancellations 30 days before workshop date will receive a full refund of all fees. Cancellations up to two weeks before workshop dates will receive a refund of the kit fee only. All fees are non-refundable if cancellation is after October 7, 2018. Attendee agrees to indemnify and hold harmless M&E Quilt Shoppe and its affiliates and their respective officers, partners, agents, contractors and employees from any liability, cost or expense (including attorney's fees) resulting from loss of life, personal injury and/or damage to property arising out of or in connection with Rebekah L. Smith – this includes any damages, losses or injuries that may occur while traveling to and from or during the event.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Office Use Only:

Deposit Check # \_\_\_\_\_ Amt: \_\_\_\_\_ Date: \_\_\_\_\_ Balance Check # \_\_\_\_\_ Amt: \_\_\_\_\_ Date: \_\_\_\_\_