Registration - Gail Harker Center

Level I Experimental Hand Stitch Class name: Edelweiss

Name:		
Address:		
City:	State/Province:	Zip:
Phone:	_	
E-mail:		
☐ Please bill my credi	t card for: O Full Tuition - \$475 d securely through PayPal	
Credit Card Num	ber	Exp. Date
Cardholder Sign	nature	CVV Code*
Note: You may	alternatively phone us to give credit card	Last 3 digits on information.
upon written application Calendar days prior to th	0% of the fees paid (other than the nonref received at the Gail Harker Center for Cre e start of the class. No refunds will be ma- of the advance commitment required for	eative Arts no later than 6 de later than 60 days prior

Signature required for registration (please photocopy this form & retain for your records)



P.O. Box 1000 La Conner WA 98257 Phone: (360) 466-0110 gail@gailcreativestudies.com www.gailcreativestudies.com