

## GREAT BASIN BASKETMAKERS WORKSHOP SIGN-UP

Workshop Title: \_\_\_\_\_  
 Instructor: \_\_\_\_\_  
 Workshop Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_  
 Workshop Fee: \_\_\_\_\_ Material Fee: \_\_\_\_\_

**\*\*\*Please make check payable to the Instructor\*\*\***

	PARTICIPANT NAME	EMAIL and/or PHONE	AMT PAID	CASH/ CHECK #	M. FEE PD.
1					
2					
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**Your place in the workshop will not be secure until all fees are paid!!**

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**INSTRUCTOR:** Thank you for teaching a workshop for GBB. We hope you enjoyed your class.

Within a week of the workshop, please complete and submit the information below along with your check made out to GBB. Thank you.

**CLASS OR WORKSHOP TITLE** \_\_\_\_\_ **WORKSHOP DATE:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_ **# of participants @\$5.00 =** \_\_\_\_\_

MAIL TO: GBB Treasurer, P.O. Box 11844, Reno, NV 89510-1844