



SOUTH WEST QUILTERS WORKSHOP BOOKING FORM

Workshop _____ Tutor _____

At _____ Date _____

Cost _____ I enclose a cheque / P.O. for _____ (made payable to SWQ)

Booked by Name _____

Address _____

Post code _____ Tel no. _____ E-mail _____

I enclose a S.A.E. for a materials List (2 if you require confirmation). Please tick if map required []
✂-----

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