



*Gulf States Quilting Association*  
*Circuit Teacher Program*



**Class Sign-up Sheet**

Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Chapter: \_\_\_\_\_

	Student Name	GSQA Member Number
1.		
2.		
3.		
4.		
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18.		
19.		
20.		

Room Fee: Yes? No? \_\_\_\_\_ Total Collected: (**MIN. 300.00**) \_\_\_\_\_  
 Payee and Address for Room Fee \_\_\_\_\_ Chapter Contact: \_\_\_\_\_  
 \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

Please return completed form to: Glenda Copeland  
 19 Gold Pt.  
 Carriere, LA 39426