

North Shore Basket Guild

Please return form to: April Killstrom

Instructor: _____

Mailing address: _____

Email: _____ Phone: _____

Proposal Month: _____

Basket Name: _____

Weaving Level: (Please circle one.)

Beginner Advanced Beginner Intermediate Advanced

Time: NSBG hours are 10:00 a.m. to 2:00 p.m. Please indicate if you will start earlier and/or stay longer.

Description of Basket: (Include basket dimensions)

Picture Enclosed: _____Yes _____No

Fee for Class and Materials: _____

Minimum/Maximum Number of Students: _____

(Please limit to 12 students unless you have 2 instructors.)