



Quilt Camp 2012

Registration Form

Participant Information

Full Name: _____ Preferred Name: _____

Date of Birth: _____ Age (as of June 1): _____ Gender: M F

Parent/Guardian: _____ Telephone: _____

Full Permanent Address: _____

E-mail: _____

Quilt Camp Sessions

*Please indicate camp choice clearly. Registration forms and fees are **due by June 2**. Registration fees are non-refundable. All camps are \$40/\$36 Friends. Limited number of scholarships available.*

Quilt Camp: Ages 5 – 10 _____ June 19 - 22, 9:30 AM – Noon

Ages 10 – 17 _____ June 19 - 22, 2:00 – 4:30 PM

Intermediate: Ages 10 – 17 _____ June 25 - 28, 9:30 AM – Noon

(Prerequisite - minimum of 2 years of Quilt Camp)

Advanced: Ages 13 – 17 _____ June 25 - 28, 2:00 – 4:30 PM

(Prerequisite - minimum of 2 years of Quilt Camp or ability to **safely** use a rotary cutter)

Payment Information

Cash _____ Check (payable to The National Quilt Museum) _____

Visa _____ MasterCard _____ Discover _____

If credit card: Name on card: _____ Exp. Date: _____

Card Number: _____ CSC: _____

Return form to: Director of Education
The National Quilt Museum
PO Box 1540
215 Jefferson Street
Paducah, KY 42002-1540

You will receive confirmation materials by mail or e-mail after your child's registration has been processed. Thank you!