



**Master Weaver Program Registration application**  
(Return to Master Weaver Chair Person)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Attend: First Saturdays: \_\_\_\_\_ First Wednesdays: \_\_\_\_\_ Other: \_\_\_\_\_