



Workshop Application Form

- This form must be completed in order to attend an SA Quilters Workshop.
- Save the form in your name and complete on your computer (tab between the fields).
- Email the completed form to the Workshop Team Leader.

Workshop Name:

Code:

Date:

Your Name:

Address:

Contact Phone Number:

Email:

Workshop Fee: Pay by direct transfer online or at an SA Quilters meeting

Receipt Number: (either SA Quilters or Bank)

SA Quilters Member: Yes: No: Member Number:

Please email my requirements list: Yes: No:

*** Please note: Non members are not covered by SA Quilters Insurance policy when attending a workshop.

WORKSHOP POLICY STATEMENT

1. Numbers in workshops are limited so book early to ensure a place.
2. Contact Workshops Team Leader, by email at workshops.saquilters@gmail.com to confirm vacancies before paying online. There may be a waiting list.
3. The workshop cost advertised is applicable to SA Quilters financial members. An additional \$20 fee applies to each Affiliate Group member and an additional \$40 fee to each non-member participating in workshops.
4. **PAYMENT – Workshop fee to be paid in full at time of registration.**
 - BY CASH/CHEQUE/CREDIT CARD – IN PERSON ONLY AT SA QUILTERS MEETINGS
 - BY DIRECT DEPOSIT: Bank: BSB 105-051 Account Number: 207 144 540
 - Account Name: Quilters’ Guild of SA Inc.
 - Reference: Member number + Workshop code
5. Your place in the workshop will be confirmed once full payment has been made and an application form and receipt number has been received by the Workshops Team. These can be emailed to workshops.saquilters@gmail.com. A confirmation email will be sent to you.
6. A Workshop Requirements list will be forwarded once a completed workshop application form and full payment for the workshop is received.
7. **CANCELLATION POLICY:**
If SA Quilters cancel the workshop: workshop credit or a full refund
If a participant cancels: –
 - Seven or more days notice: workshop credit or a full refund.
 - Less than seven days notice: workshop credit, no refund
8. **I have read and understand the above workshop policy statement.**

Signed (Print Name):

Date:

For office use only: Application received..... Payment received..... Requirements list sent.....