

Shadow Mountain Quilters

Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

E-Mail Address: _____

Birthday (month & day): _____

Spouse or Significant Other Name: _____

Your name as it should appear on your name badge: _____

Do you prefer a pin back _____ or a magnet back _____

What else would you like us to know about yourself? For example, children, grandchildren, special interests or abilities, medical conditions we should be aware of, anything you would like to share.

Mail your form along with a check for \$32 (\$20 for membership and \$12 for badge), payable to Shadow Mountain Quilters, to P.O. Box 5414, Pahrump, NV 89041.