



Delta Quilters Guild

P.O. Box 76
Brentwood, CA 94513

CLASS FEE REIMBURSEMENT

DATE SUBMITTED: _____

Pay to the Order of

Member Name: _____
Address: _____
Phone: _____

A Gift of Learning



Class taken:

Date(s) of Class:

Affiliate Member Business: *(check one)*

- | | |
|--|---|
| <input type="checkbox"/> Delta Vac & Sew | <input type="checkbox"/> Dublin Sewing Center |
| <input type="checkbox"/> Hilly's Quilts | <input type="checkbox"/> Quilter's Hollow |

Total Cost of Class:

Class Instructor's signature & date: *(after completion of class)*

Instructions

Make sure to have above filled out completely
Attach receipt from class payment

Treasurer Use:

Amount Paid: _____ Check #: _____ Date Paid: _____