Application For Our Next Twelve Day Shoe-making Class August 3rd thru 14th, 2026

Name_____

Age _____

Address_____City_____Zip_____

Email_____

Date of workshop _____

Describe why you are interested in our program:

Describe any educational, leisure or work experience related to shoemaking:

Describe any experience working with machinery and/or hand tools:

Describe any health limitation, allergy or food preference:

Describe any questions or concerns that you would like addressed:

Email or mail Application To

EstileonSA@gmail.com <mailto:estileonsa@gmail.com>

or

Estileon

c/o John Regan

1915 Lenox Ct NW

Olympia, WA 98502

(360) 561 4733

Upon receipt of your application, we will contact you by telephone in order to complete the application process and confirm your acceptance into the program.