



Gulf States Quilting Association



Circuit Teacher Program

Chapter/Guild Teacher Request Form

Name of Chapter: _____

Group Leader:

Name: _____

Address: _____

Phone: _____

Email: _____

Class Requested: _____

Teacher Requested: _____

Requested Date: _____

Date Received by Chairperson: _____

Was form sent to Teacher? Please circle yes no

Notes: _____

Please return completed form to: Glenda Copeland
19 Gold Pt.
Carriere, MS 39426