



Black Hills Quilters Guild

Retreat Instructor Application Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ email _____

Please give as much information as possible about the technique or method for your proposed class(es)

Please give us a list of your fees for the class(es) as well as all other expenses to be covered.

Return form to Retreat Chair or mail to:
BHQG, Attn: Retreat Chair
PO Box 2495
Rapid City, SD 57709