

# Mystery Quiltaway

## Registration Form for Spring 2020 At Home Mystery

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cut here and retain for your records.**

\_\_\_\_\_

Date paid: \_\_\_\_\_ Amount: \_\_\_\$50.00\_\_\_\_\_

**Please make check payable to: June Sculthorpe.**

**Mail to:**

June Sculthorpe  
26 N. Lakeside Ave  
Jackson, NJ 08527

**Cancellation Policy:** There is no refund for this special At Home Mystery.