



Julian Weaving Works
ACADEMY OF HAND WEAVING
GALLERY OF FIBER AND WEARABLE ART
WEAVING INSTRUCTION, EQUIPMENT AND SUPPLIES

Academy Application Form

Name: _____

Phone: _____

Email: _____

Prior Weaving or Fiber experience:

Years: _____ Type: _____

Class and dates requested:

Class: _____ Dates: _____

Please tell me a little about your interest in weaving and color preferences:

Payment options:

If you would like to use a credit card, please call 760-765-1986 to process the Payment info.

If paying by check, please make check out to **Julian Weaving Works** and mail with a copy of this form to:

Julian Weaving Works
P O Box 1472
Julian CA, 92936

- A 50% deposit required, refundable no later than one week prior to class.
- Class sizes are limited and will be filled on a first come first serve basis
- **Please Confirm one week prior to arrival**

Signature

If this form is filled out and emailed, it will be assumed electronically signed.

Date

E-mail: info@weaverslink.com
Website: www.weaverslink.com
Mail: PO Box 1472 Julian, CA 92036

30352 Highway 78
Santa Ysabel, CA 92070
760-765-1986

