

COMMON THREAD QUILT GUILD
MINI GROUP REGISTRATION
(for Helping Hand Fund)

Name of Mini Group: _____

Name of Contact Person: _____

Phone #: _____ or _____

Name of Mini Group Members:

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 13. _____ | 25. _____ |
| 2. _____ | 14. _____ | 26. _____ |
| 3. _____ | 15. _____ | 27. _____ |
| 4. _____ | 16. _____ | 28. _____ |
| 5. _____ | 17. _____ | 29. _____ |
| 6. _____ | 18. _____ | 30. _____ |
| 7. _____ | 19. _____ | 31. _____ |
| 8. _____ | 20. _____ | 32. _____ |
| 9. _____ | 21. _____ | 33. _____ |
| 10. _____ | 22. _____ | 34. _____ |
| 11. _____ | 23. _____ | 35. _____ |
| 12. _____ | 24. _____ | 36. _____ |

Approved by Guild Executive: _____

Date: _____