

**Garland County
Upholstery Workshop Application**

Name: _____ Phone: _____

Address: _____

Email: _____

1. What do you hope to achieve in attending a 5 day Upholstery Class?

2. Do you sew? Yes No

Do you consider your sewing skills to be: minimal average advanced

3. Can you put in a zipper? Yes No

4. The class is a full 5 days – you must be willing to commit to 5 full days. Does this pose any problems For you?

5. What piece do you plan to bring? Sofa Chair Other
NO RECLINERS!
Please describe your piece.

6. Have you attended one of these classes before? Yes No If so, when? _____

7. My helper on the first day of class will be: _____

Signature of Applicant

Date