

**Demonstration/ Workshop Application:**

(Please circle Demonstration or Workshop or both)

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

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

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

What demonstration or what workshop:

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Name of Activity: \_\_\_\_\_

Time and location: \_\_\_\_\_

Return to

Att: Tina Welch

Clearwater Public Library

109 E. Ross

Clearwater, KS 67026

Must be returned by September 22, 2017

If unable to attend must notify Tina by October 3, 2017