**CRAFTCATION 2019 SUPPLY/HOTEL REIMBURSEMENT FORM**

YOUR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YOU WOULD LIKE TO BE PAID VIA CHECK, WHAT IS YOUR MAILING ADDRESS:

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IF YOU WOULD LIKE TO BE PAID VIA PAYPAL, WHAT EMAIL ADDRESS SHOULD WE PAYPAL THE AMOUNT TO?

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| DESCRIPTION OF ITEM IE: “20 SKIENS OF YARN” | WHAT IS ITEM FOR? IE: “WEAVING WORKSHOP” | COST OF ITEMS | ADDITIONAL NOTES: |
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