Dixon Crop

January 25-28, 2024

INFORMATION SHEET

Name:

Email:

Address:

City: State: Zip code:

Cell phone:

3 days or 4 days:

Do you have any life-threatening food allergies?

Who would you like to sit with at the crop?

Who shall we call in case of emergency? Name and phone number please!

**Please submit a $100 non-refundable, non-transferable deposit to – Your choice:**

PayPal: PaulasScrapbookU@gmail.com (friends and family appreciated)

Venmo: @paula-gallagher-3

Mailed check: Paula Gallagher, 3733 Justine Dr, San Jose, CA 95124

(SETTING ALL MARGINS AT .5 MAKES THIS INFORMATION SHEET FIT NICE AND TIDY)