

Weaving Memories - 2024 AMB Convention

CLASS PROPOSAL

AMB MEMBER NUMBER _____ (if known)
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____

PLEASE INDICATE DAYS THAT YOU WILL **NOT** be available to teach:

TITLE OF BASKET (attach photo on right side)

WEAVING LEVEL—circle or underline one

Beginner Intermediate Advanced All Levels

LENGTH OF CLASS—circle or underline

12 Hours - two six-hour sessions
8 Hours - one session
6 Hours
4 Hours

Attach photo here or scan form with photo.

Label back of photo.

Smaller, computer generated photos are okay.

This picture is used to identify the basket, not for the booklet.

Digital photo is required for Selection Book.

DIMENSIONS OF BASKET

_____ LENGTH _____ WIDTH _____ HEIGHT with handle _____ HEIGHT without handle

For Round Baskets

_____ CIRCUMFERENCE (around at widest point)

_____ DIAMETER (across the top)

_____ HEIGHT with handle _____ HEIGHT without handle

MATERIALS USED (Reed, Willow, Oak, Waxed Linen, Etc.)

TITLE OF BASKET _____ **TEACHER** _____

COST TO STUDENT _____

DESCRIPTION—(Include special skills taught or emphasized, techniques demonstrated.)

LIMIT TO 350 CHARACTERS. The computer program only accepts 350 characters, anything over your first 350 characters may be edited in the Selection Booklet

ADDITIONAL DESCRIPTION TO ASSIST IN JURY OF BASKET, NOT FOR SELECTION BOOK:

Does this class require extra space? Y / N Explain: _____

Does this class have any special needs? Y / N Explain: _____

Does this class require Electricity? Y / N _____

PROPOSAL FORMS, DIGITAL PHOTOS AND THE BOX FEES

must be received by: **FEBRUARY 21, 2024**

Mail to: April Norton 4398 Satinwood Dr. Okemos, MI 48864
amblaptop1@gmail.com

BASKETS must be received by: **FEBRUARY 23, 2024**

Do not include proposal forms in the box with the baskets!

Mail to: April Norton 4398 Satinwood Dr. Okemos, MI 48864
517-881-0840