

**Weaving and Fiber Arts Center: Weaving Studio Early Registration Form
2026**

Date _____ **Name** _____

Current Studio Day _____ **Current Studio Time** _____ **Circle all appropriate** S1 S2

I will pay by a check made out to Weaver' Guild of Rochester: Amount _____ check# _____

I will pay online with a credit card by logging into my account.

***Primary Phone No.** _____ ***Email** _____ * required

Request for new day and time assignments: You will be waitlisted.

Day _____ **Time** _____

Mail check and form to:

Weaving and Fiber Arts Center
Attn: Registrar
Piano Works Mall, Studio 1740
349 West Commercial St.
East Rochester, NY 14445