2026 AMB CONVENTION WEAVING BY THE WATER PROGRAM PROPOSAL FORM

NAME		
ADDRESS		
CITY	STATE	_ZIP
PHONE	_EMAIL	
PROGRAM NAME:		
PLEASE GIVE A DESCRIPTION OF THIS PROGRAM:		

ARE THERE ANY SPECIAL NEEDS FOR THE PROGRAM? (Digital projector, screen, table, electricity, microphone, etc)

Please mail/email by FEBRUARY 2, 2026:

Email to AMB: amblaptop1@gmail.com

Questions: Barb Gauche, Teacher Liaison, 586.322.7530

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