Lake Oconee Quilt Guild
Program/Workshops
Agreement for Services

This form details the agreement between Lake Oconee Quilt Guild and

Program/Workshop Presenter: _____

Program Title: _____

Program Fee _____

Workshop Title: _____

Program Fee _____

Half Day _____ Fee _____ Full Day ____ Fee _____

Date and Time: _____

Location: Lake Oconee Lutheran Church
1089 Greensboro Rd
Eatonton, GA 30124

Equipment required: (microphone, computer presentation, etc.) _____

_____

Other Expenses to be reimbursed by LOQG as agreed upon for both parties:

Estimated mileage cost $ _____Estimated airfare cost $ _____

Transportation $_____

Meals $_____

Lodging __night(s) Hotel Name _____ Est. Cost per night $_____

Other Items/Need to know not listed _____

_____

_____

LOQG Representative		Presenter	
Name	_____	Name	_____
Phone	_____	Phone	_____
Email	_____	Email	_____
Date	_____	Date	_____