



Would your child like to spend a week in a beautiful natural setting, unplugged, picnicking, playing hoops and capture the (hand woven) flag, and creating cloth on looms big and small in the barn studio? Would you? Come join us!

Enjoy snacks of local foods served using your own woven table linens!



Weave on a replica of a Viking loom!  
Make rugs, towels, napkins and more . . .



Bring a lunch for our adventurous picnics!

# Fabric of Life Summer Workshop

June 15 - 19, 2015  
Monday - Friday  
9 am - 4 pm  
Ages 10 & up  
\$295 (+\$50 materials)



Living traditions & life arts for the young and young at heart hosted by Vavstuga Weaving School.

To register, call Vävstuga Weaving School at 413-625-8241 or email [office@vavstuga.com](mailto:office@vavstuga.com)

# SUMMER WEAVING WORKSHOP JUNE 15-19, 2015 Ages 10-Adult

Hours: 9am – 4pm

Location: Barn Studio at 80 Bassett Rd., Shelburne MA

Number of participants: 16

Carpooling: We will gladly connect parents who may want to carpool.

Cost: \$295 (+ \$50 materials fee) Please make checks payable to Vavstuga LLC

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## For registration & more information:

**Vävstuga Weaving School**

**16 Water Street**

**Shelburne Falls, MA 01370-1119**

**(413) 625-8241** (phone hours Tue–Fri 9–3)

[office@vavstuga.com](mailto:office@vavstuga.com)

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**TO REGISTER:** Please complete and send form for each participant with payment to above address.

**Participant's Name:** \_\_\_\_\_ **Age (if <18):** \_\_\_\_\_

**Parent/Guardian #1 (or Participant if >18)**

**Parent/Guardian #2**

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Street/Apt:** \_\_\_\_\_ **Street/Apt:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Town:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**e-mail:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

I \_\_\_\_\_ give permission for my child \_\_\_\_\_ to participate in the Fabric of Life weaving workshop. Please tell us anything we should know about your child: (Allergies, medical conditions, physical limitations, etc.) \_\_\_\_\_

\_\_\_\_\_

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**Emergency Contact:** \_\_\_\_\_

**Emergency Contact Phone(s):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Participant Signature (if >18):** \_\_\_\_\_