

Application for the Craft Yarn Council's Certified Instructors Programs

I would like to enroll in:

On-Site Certified Instructors Workshop in ___Knitting ___Crochet

held at the following location:_____

or

Correspondence Program in: ___Knitting ___Crochet

Name_____

Address_____

City_____State_____Zip_____

Home Phone:()_____ Work Phone:()_____

E-mail address: _____

Directions: Check () all that apply:

Knitting Candidate

I know how to:

- * ___ cast on
- * ___ knit
- * ___ purl
- * ___ bind off
- * ___ increase
- * ___ decrease
- * ___ understand patterns & abbreviations

Crocheting Candidate

I know how to:

- * ___ chain
- * ___ single crochet
- * ___ double crochet
- * ___ increase
- * ___ decrease
- * ___ understand patterns & abbreviations

How long have you been knitting? _____years

How long have you been crocheting? _____years.

At what skill level do you consider yourself?

___Advanced Beginner ___Intermediate ___Advanced

My previous teaching experience is:

___None at all ___Some informal teaching

___Taught formal classes

Please give further explanation of previous teaching experience.

___TKGA Member ___CGOA Member

TKGA or CGOA Membership Number_____

Signature _____ Date_____

Mail or e-mail this application to:

Craft Yarn Council

469 Hospital Dr., 2nd Floor Suite E

Gastonia, NC 28054

E-mail: info@craftyarncouncil.com

NOTE: DO NOT SUBMIT ANY MONEY WITH THIS FORM. UPON RECEIPT OF YOUR APPLICATION, THE COUNCIL WILL FIRST FORWARD ADDITIONAL INFORMATION ABOUT THE PROGRAM.