

Quilt # _____

CATEGORY _____

QUILT REGISTRATION FORM

PLEASE USE ONE FORM FOR EACH QUILT YOU ARE ENTERING

ENTRY FORMS MAY BE PHOTOCOPIED

NAME _____ PHONE _____

ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

QUILT NAME _____ OWNED BY _____

MADE BY _____ QUILTED BY _____

MACHINE QUILTED ___ HAND QUILTED ___ PROFESSIONALLY QUILTED ___

QUILT GUILD _____

If someone other than you will be picking up your quilt, please fill out the quilt return form and return it with your application.

CATEGORY AND TECHNIQUE

CATEGORY

BED QUILT (machine quilted) ___ BED QUILT (hand quilted) ___
LARGE WALLHANGING (machine) ___ LARGE WALLHANGING (hand) ___
SMALL WALLHANGING (machine) ___ SMALL WALLHANGING (hand) ___
MINIATURE ___ JUNIOR QUILTER ___ CRIB/CHILD ___
CLOTHING ___ INNOVATIVE ___ ANTIQUE ___
CHALLENGE ___ LAP QUILT ___
OTHER (specify) _____

TECHNIQUE

PIECED ___ APPLIQUE ___ MIXED ___ OTHER ___

Please take a minute to tell us the story of your quilt. Your story will be displayed along with your quilt at the show. Our visitors truly enjoy reading these stories. Use the back of this form or attach a separate page..