

QUILT SHOW ENTRY

Select Division

YouthAdult			
Enter ONE quilt per entry form. T	here is a \$1.00 fee per entry		
NAME	EXHIBITOR NUMBER		
ADDRESS	CITY	ZIP	
PHONE (HOME)	(CELL)		
EMAIL			
Name of Quilt	Siz	ze W x L	
Maker	Designer / Pattern	<u> </u>	
Quilter			
Do you want your quilt to be judg	ged? Please circle your answer -	YES	NO
Are you in a quilting guild? Please	e circle your answer - YES	NO	
Name of guild			
If someone else is picking up you	r quilt please provide their name		
All Quilt Exhibit Entries will be tal	ken at the EVENT CENTER Saturday,	July 19 and Su	nday July 20 from
9AM to 5PM.			
I acknowledge that the date and	time of quilt pick up is Sunday, Jul	y 27 th from 8A	M to Noon
Please Sign Here			
Paid For official use only			

Please describe your quilt or tell us the story of its creation using approximately 50 words.			