

Receipt No:

Entry Form

Entry No:

Deadline: Wednesday, August 7, 2024

Submit one form for each quilted item.

Exhibitor's Name: _____ Phone No: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Category: (check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Hand Quilted Quilt (HQ) | <input type="checkbox"/> Vintage Quilt (V) | <input type="checkbox"/> Whole-cloth Quilt (W) |
| <input type="checkbox"/> Hand Applique Quilt (HA) | <input type="checkbox"/> Miniature Quilt (MIN) | <input type="checkbox"/> Panel Quilt (P) |
| <input type="checkbox"/> Machine Applique Quilt (MA) | <input type="checkbox"/> Traditional Pieced Quilt (TP) | <input type="checkbox"/> T-Shirt Quilt (T) |
| <input type="checkbox"/> Hand Embroidered Quilt (HE) | <input type="checkbox"/> Modern Quilt (M) | <input type="checkbox"/> Quilted Item (I) |
| <input type="checkbox"/> Machine Embroidered Quilt (ME) | <input type="checkbox"/> Art Quilt (A) | |

Size of Quilt: W _____ L _____ Perimeter _____

Year Completed: _____

Quilting: (check one)

- | | |
|---|--|
| <input type="checkbox"/> Hand | <input type="checkbox"/> Computer Guided Longarm |
| <input type="checkbox"/> Domestic Machine | <input type="checkbox"/> Free-Motion Longarm |

Name of Quilt: _____

Name of Pattern: _____

(if different from quilt name)

Name of Pattern Designer: _____

Name of Quilter: _____

Attach Photo of Quilt Here

Design Inspiration (30 words max): _____
