2022 EVQG QUILT SHOW ENTRY FORM Young Quilters (Ages 16 and younger) - Love of Quilts

NAME OF QUILT:				
	S	IZE	W	L
PIECED BY: QUILTE	ED BY:			
YOUR NAME:	AGE:			
SPONSORING GUILD MEMBER: ADDRESS: PHONE:				
PLEASE PRINT LEGIBLY Brief description of quilt for the program (we reserve the right t	to edit)			
While the utmost care will be taken of all quilts, neither the Eto committee will be held responsible for the loss or damage to the		Quilt	Guild or t	he show
Your Signature indicates that you agree to this and to the rules	1	e sho	w.	
Signature:				
Please return completed form to Vicki Nielson no later than the forms must have a color PICTURE of quilt attached to the back returned	-	-		
Please fill in the "Name of the Quilt" and "Owners Name" i	n the spaces	belo	W .	
Registration Check				

present this initialed form at 'pick up' to claim your quilt/garment. **Name of Quilt**

Owner's Name_____

returned to: _____