2020 EVQG QUILT SHOW ENTRY FORM Young Quilters (Ages 16 and younger) - Love of Quilts

PLEASE PRINT

NAME OF QUILT:		SIZE W	_ L
PIECED BY:	QUILTED BY: _		
YOUR NAME:		AGE:	
SPONSORING GUILD MEMBER: ADDRESS: PHONE:			
PLEASE PRINT LEGIBLY Brief description of quilt for the program (we reso	erve the right to edit)		
While the utmost care will be taken of all quilts, a committee will be held responsible for the loss or Your Signature indicates that you agree to this an Signature:	damage to the quilts. d to the rules governing	g the show.	
Please return completed form to Vicki Nielson not forms must have a color PICTURE of quilt attac returned		_	-
Please fill in the "Name of the Quilt" and "Ow	ners Name" in the spa	aces below.	
Registration Check			
Name of Quilt			
Owner's Name			
Claim check for Pick-up if quilt Do not remove this section of this form. It will be present this initialed form at 'pick up' to claim you name of Quilt	our quilt/garment.		ff". You must
Owner's Name	returned	l to:	