2020 EVQG QUILT SHOW ENTRY FORM SPECIALTY QUILTS - Love of Quilts

PLEASE PRINT

CHALLENGE	MYSTERY		CLASS
NAME OF QUILT:		SIZE W	L
PIECED BY:	QUILTED BY:		
YOUR NAME:			
ADDRESS:			
PHONE:			
Is your quilt for sale? YES No Would you like your quilt judged (only you will PLEASE PRINT LEGIBLY Brief description of quilt for the program *Included in the program in the prog	l see the judge's comme		NO
While the utmost care will be taken of all quilts committee will be held responsible for the loss of Your Signature indicates that you agree to this a	or damage to the quilts. and to the rules governin	g the show.	
Signature:			
Please return completed form to Vicki Nielson forms must have a color PICTURE of quilt attareturned	_	_	•
Please fill in the "Name of the Quilt" and "O	wners Name" in the sp	aces below.	
Registration Check			
Name of Quilt			<u> </u>
Owner's Name			
Claim check Do not remove this section of this form. It will be present this initialed form at 'pick up' to claim y Name of Quilt	your quilt.		f". You must
Owner's Name	returne	d to:	