

Entry deadline: Sunday, March 1, 2020

(For each quilt, all highlighted information below + photo are due before March 2.)

1. Please complete the information in the box as you wish it to be displayed at the show:

YOUR NAME: _____

The TITLE you have given to your quilt: _____

(Optional) If you wish to share your quilt's story, please limit it to 60 words or less:

2. **Category:** (Choose only one.)

- Bed Quilt**, large, would fit a twin to king-size bed
- Lap Quilt or Crib Quilt**, smaller than twin-size, such as could be used on a sofa, baby bed, etc.
- Wall Hanging**, decorative, for display, any size
- Small or Miniature Quilt**, 24" maximum on any side
- Challenge Quilt**, "Storm at Sea" interpreted in any style, 36" maximum on any side

All quilts, including those in the Small/Miniature category, must have a sleeve sewn (not pinned) to the back. The sleeve must be at least 4" wide.

3. **FINISHED measurements (after quilting and binding):**

_____ inches **LONG (top to bottom)** _____ inches **WIDE (side to side)**

4. **Techniques used in construction of the quilt top:**

- | | | |
|---|--|------------------------|
| <input type="checkbox"/> Hand pieced | <input type="checkbox"/> Machine pieced | Other techniques used: |
| <input type="checkbox"/> Hand appliqued | <input type="checkbox"/> Machine appliqued | |
| <input type="checkbox"/> Hand embroidered | <input type="checkbox"/> Machine embroidered | |

5. **Quilting:** Hand quilted Domestic machine Longarm machine Other:

Did you quilt it yourself? Yes No, it was quilted by _____

6. **Photo** _____ attached/enclosed **Your photo should show the entire front of the quilt, not just a block or a stack of fabrics. If your quilt has an interesting or unusual backing, consider submitting a photo of the back of the quilt also, in case the layout permits display of both sides.**

By signing below, I understand that the Franklin County Quilters Guild, its members and affiliates and St. Albans City are not responsible for damage or loss of quilts exhibited. I accept full responsibility for any and all insurance coverage.

Signature _____ **Date** _____

Email (or phone, if no email) _____

Mail to: Kay Benedict, 24 Glen Ridge Ln., St. Albans, VT 05478 or Email to: kayben1@yahoo.com