

**Franklin County Quilters Guild  
Quilt Show April 2-3, 2022 - Quilt Registration**

**Entry deadline: Tuesday, March 1, 2022**

1. **Your name** (as you wish it to be displayed at the show) \_\_\_\_\_

**The title** you have given to your quilt: \_\_\_\_\_

Please share your quilt's STORY, use the back of this sheet, and 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, could be used on sofa, baby bed, etc.

\_\_\_ **Wall Hanging**, decorative, for display, any size

\_\_\_ **Miniature / Art Quilt**, 24" maximum on any side

\_\_\_ **Challenge Quilt** "Vermont Home" interpreted in any style, maximum perimeter 98"

**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:

\_\_\_ Hand pieced

\_\_\_ Machine pieced

Other techniques used:

\_\_\_ Hand appliqued

\_\_\_ Machine appliqued

\_\_\_\_\_

\_\_\_ Hand embroidered

\_\_\_ Machine embroidered

\_\_\_\_\_

5. **Quilting:** \_\_\_ Hand quilted \_\_\_ Domestic machine \_\_\_ Longarm machine

\_\_\_ Other (tied, etc): \_\_\_\_\_

**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: Penny LaRochelle 2159 St. Pierre Rd, Enosburg Falls, VT 05450  
or Email to: peninvt@gmail.com**