

Number \_\_\_\_\_  
(Added at check-in)

**Wise County Quilt Guild**  
**2024 Quilt Show Entry Form -One Form for Each Quilt**  
**This form is due by Wednesday, August 21, 2024**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Made by \_\_\_\_\_ Quilted by \_\_\_\_\_

**Dimensions of quilt:** Horizontal Width \_\_\_\_\_ inches/ Vertical Length \_\_\_\_\_ inches

**Choose one:** Non-judged \_\_\_\_\_ no charge / Judged \_\_\_\_\_ \$ 5 fee required with each entry. Fee is nonrefundable.

**Categories: Check one**

Pieced \_\_\_\_\_ Appliqued \_\_\_\_\_ Embroidered Hand \_\_\_\_\_ Embroidered Machine  
\_\_\_\_\_ Hand Quilted \_\_\_\_\_ Domestic Machine Quilted \_\_\_\_\_ Custom Machine Quilted  
\_\_\_\_\_ Computerized Machine Quilted \_\_\_\_\_ Art Quilt \_\_\_\_\_ Small Quilt \_\_\_\_\_ No larger than  
100” all the way around (includes mini quilts, table runners, etc.)  
Challenge \_\_\_\_\_ (Members only)

**JUDGED** quilts must be turned in to the Wise County Ag. Extension Office, 206 S. State St, St, #A, Decatur, Tx, **Wednesday, August 21<sup>st</sup> between 5:00pm-8:00pm**  
**NON- JUDGED ONLY** – Wise County Fairgrounds, Women’s Building at 3101 FM 51, Decatur, TX. Can be turned in on **Thursday August 22 between 6:00am and 10:00am.**

**Securely safety pin (please pin both ends) this page to the back lower right corner of the quilt. Fold the quilt so that this form is showing on top and place quilt inside a pillowcase or bag.**

**IMPORTANT: See WCQG Quilt Show Rules for info for turning in entry form by August 21st. I agree to abide by all conditions stated on this entry form and instructions. I grant permission for the above entry to be included in the 2024 Wise County Quilt Show at Decatur, Texas, and the right to photograph this entry for its files and publicity. I understand that I am responsible for insuring my own entries. I hereby release Wise County Quilt Guild from all liability in connection with the display and use of the described entry. Every effort will be made to ensure safety in the care and handling of my work while in their care.**

\_\_\_\_\_  
Signature of Exhibitor Date: \_\_\_\_\_  
Email: \_\_\_\_\_

Description of Quilt: \_\_\_\_\_

Quilt Name: \_\_\_\_\_