

DORCHESTER HERITAGE CENTER, ST. GEORGE
QUILT SHOW ENTRY FORM
December 2022

ENTRANT'S NAME: _____

ENTRANT'S ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

NAME OF PERSON(S) WHO MADE THE QUILT: _____

APPROXIMATE DATE QUILT CREATED (IF KNOWN): _____

NAME OF INDIVIDUAL QUILTING THE QUILT (IF NOT THE CREATOR): _____

APPROXIMATE DATE QUILT COMPLETED (IF KNOWN): _____

NAME OF PATTERN OF QUILT (IF KNOWN): _____

ENTRANT'S DESIRED CATEGORY: (Please Circle One of the below categories)

Hand Quilted

Machine Quilted

Baby/Lap Quilt/Wall Hanging

HISTORY OF QUILT (AS MUCH AS KNOWN): _____

If entering more than 1 quilt, priority order (1-3)

*Due to limited space, only 1 quilt per person is guaranteed to be displayed.

FOR MUSEUM USE ONLY:

Number assigned to entrant: _____