**Wilkes County Quilters 2024 Quilt Show**

***Works of Art from the Heart***

**Bed Turning Registration**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Guild Member bringing quilt to show: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Quilts submitted for the Bed Turning must be 40 years old or older.**

**I understand that my quilt(s) will not be covered by Wilkes County Quilter’s Insurance. \_\_\_\_\_\_\_ (Initials)**

**Write a description and history of your quilt(s) below. Please continue on the back, as needed. (Or email the form and description with a photo to Anne Miller –** **millerao@charter.net** **.)**

* Information to include: Is quilt machine and/or hand pieced/quilted? Who made the quilt? When was it made? What is the name of the quilt pattern? History of the quilt. Any special memories or stories about the quilt.
* Please submit a photo of the quilt with the form.