

ANNIE'S STAR QUILT GUILD (ASQG) Quilt Show: November 7th & 8th, 2026 _____

JUDGED and EXHIBITED Registration Form

QUILT REGISTRATION DEADLINE IS THURSDAY SEPTEMBER 3RD, 2026

*** Use a separate form for each quilt being exhibited or judged ***

Exhibitor Name: _____ **Preferred Phone #** _____
(Exhibitor must be an ASQG member)

Classification: (Select one): ☐ Master ☐ Artisan (Definition in ASQG Quilt Show Guidelines)

Judged & Exhibited: \$10.00 ☐ If entering more than 1 quilt, circle this quilt's priority 1 2 3 4 5 6

Name of the Quilt: _____
(Quilts may not be previously shown in an ASQG Quilt Show)

Quilt Category: (Select one, definitions can be found in the ASQG Quilt Show Guidelines)

- | | |
|--|--|
| ☐ Traditional Pieced | ☐ Adaption of Traditional Pieced Design |
| ☐ Hand Applique (more than 50%) | ☐ Machine Applique (more than 50%) |
| ☐ Art Quilt-Quilter's Original Design | ☐ Art Quilt-Reproduction |
| ☐ Modern/Innovative | ☐ Mixed (Applique and Pieced) |
| ☐ Embroidery (more than 50%) | ☐ Other: _____ |

Was your quilt made from a Kit? ☐ Yes ☐ No **What year was your quilt finished?** _____

Pattern Name/Designer: _____

Quilting Technique: ☐ Hand Quilted ☐ Machine Quilted by Exhibiter
☐ Machine Quilted by _____, a professional

Quilt Measurements in inches: (Measurements should be rounded up to the nearest whole inch)

Width: _____ inches
(Maximum Width is 110 inches)

Length: _____ inches
(Maximum Length is 120 inches)

Group Quilts: Is your quilt part of a group effort and should be displayed together?

☐ ASQG Challenge of the Century ☐ If other, Name of the group _____

☐ **QUILT STORY:** Write the story/history of this quilt; 50 words or less on the back of this form.

Quilt Story →

If you have questions or cannot deliver your quilt, call Cynthia Carlson or Shelley Livingston

JUDGED & EXHIBITED Registration Form Continued;

QUILT STORY (The story/history of this quilt; 50 words or less)

JUDGED QUILT Preparation:

- ☐ Attach a **4" SLEEVE** along the top of the quilt on the back
- ☐ Attach a **LABEL** on the back of the quilt **WITH YOUR NAME, ADDRESS AND PHONE NUMBER.**
- ☐ **COVER** the label on the back of the quilt that has your name, address and phone number.
- ☐ **PILLOWCASE:** Place your folded quilt, backside out, with your name, address & phone number showing at the opening of the pillowcase.

DELIVER your quilt to: **HONEY RUN QUILTERS** (Cathy's Sew and Vac)
between **9:30 and 10:30** on **THURSDAY, NOVEMBER 5TH**

- ☐ \$ 10.00 Fee for each Judged Quilt (Checks payable to ASQG)
Mail to: Cynthia Carlson OR bring to ASQG Meeting
- ☐ By signing below, I agree to abide by the rules and decisions of the Judge.
I understand that the Judge and Judging Committee has the right to re-categorize any entry.

Signature

Date: _____

- ☐ **QUILT RETURN:**
 - Quilt pick-up will begin **no earlier than 5:00 pm Sunday, November 8th, 2026**
The owner's receipt must be presented at the time of pickup.

If you have questions or cannot deliver your quilt, call Cynthia Carlson or Shelley Livingston