

Stitches From the Heart Quilt Guild
Quilt Show – 2024

YOUTH ONLY ENTRY FORM

PLEASE PRINT

YOUTH'S NAME: _____

FAMILY MEMBER'S NAME: _____

PHONE #: _____

ENTRY INFORMATION:

Size (in inches) WIDTH: _____ LENGTH: _____

Title of Work: _____

BRIEF WRITTEN DESCRIPTION OF ENTRY (please print)

(This description will be attached to the front of your entry. It can contain info on the type of quilt, the inspiration for the work, and the method of quilting. - 50 word max.)

HOLD HARMLESS AGREEMENT

I the undersigned hereby agree to hold **Stitches From the Heart Quilt Guild** harmless for any and all damages or loss of any property left in their care, custody or control.

Entrant's Signature(under 18): _____ Date: _____

Family member Signature: _____ Date: _____

By my signature above, I attest that I am a current member of **Stitches From the Heart Quilt Guild** and I am the owner of the above submitted quilt and that **Stitches From the Heart Quilt Guild** and the public has my permission to take photographs of this entry.

COMPLETE, DETACH AND RETAIN THESE SECTIONS - ONE FOR EACH ENTRY

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PICK-UP RECEIPT

(Keep for pick-up identification)

*******Pick-up 6:00pm to 6:30pm at registration desk only – no early pick-ups*******

Name of Exhibitor: _____

Address: _____

Category: _____ Measurements _____

Title of Work: _____

QUILT IDENTIFICATION TAG

(Safety pin to the back - bottom right corner of your submitted item)

Name of Exhibitor: _____

Address: _____

Category: _____ Measurements _____

Title of Work: _____