

# MIWW ENTRY FORM: NATIONAL, STATE, & DISTRICT

Name (type or print) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
District Number (if applicable) \_\_\_\_\_ Contest Date \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Month / Day / Year                      Age on Jan 1 of current year



**Age Division or Category: Check one only.** Age Division is determined by your age on January 1 of the current year.

\_\_\_\_ Preteen (12 & under)      \_\_\_\_ Junior (13-16)      \_\_\_\_ Wearable Accessory  
\_\_\_\_ Senior (17-24)              \_\_\_\_ Adult (25 & older)      \_\_\_\_ Made for Others

(Note: Not all states have all age divisions and/or categories)

**Garments: Check one and list the piece(s) you are making.**

\_\_\_\_ **1-Piece Garment** \_\_\_\_\_  
\_\_\_\_ **2-Piece Outfit** \_\_\_\_\_  
\_\_\_\_ **Ensemble – 3 or more pieces worn at the same time** \_\_\_\_\_

### Pattern(s) Used:

Pattern Co. & Number \_\_\_\_\_

Pattern Co. & Number \_\_\_\_\_

Pattern Co. & Number \_\_\_\_\_

Total of number of **Yards** Wool / Wool Blend **Fabric** Used \_\_\_\_\_

Total of number of **Skeins** Wool / Wool Blend **Yarns** Used \_\_\_\_\_

Manufacturer of Sewing Machine Used \_\_\_\_\_

Manufacturer of Serger Used \_\_\_\_\_

My fabric(s)/yarn(s) have been lab/state **tested**: \_\_\_\_ Yes \_\_\_\_ No (Fabrics/yarns must test at least 60% wool fiber)

If Yes: Lab/state Test Number \_\_\_\_\_ % Wool \_\_\_\_ Description of Wool \_\_\_\_\_

Lab/state Test Number \_\_\_\_\_ % Wool \_\_\_\_ Description of Wool \_\_\_\_\_

Lab/state Test Number \_\_\_\_\_ % Wool \_\_\_\_ Description of Wool \_\_\_\_\_

### Print and Mail this form with:

- a 3" x 3" sample of each wool fabric and/or 12" of each yarn used
- a **\$15 entry fee** for each Age Division or Category (Checks payable to: MIWW)
- **Mail to National MIWW • 480 South 300 West, Salem, UT 84653**

### Mail a second copy of this form with:

- 5" x 5" fabric and 36" yarn sample(s) to your State Director with applicable fees (for testing and/or state fee).

### Mail a third copy of this form with: (For states with District Contests)

- 3" x 3" fabric and 12" yarn sample(s) to your District Director with applicable fees.

*Entry form may be copied as needed. Use a separate form for each entry. Read brochure/website for further details.*

**ENTRY FEES ARE NON-REFUNDABLE. YOUR ENTRY IS NOT COMPLETE WITHOUT ALL INFORMATION, FABRIC SAMPLES, AND ENTRY FEES. MIWW is not responsible for late, misdirected or lost entries**

In consideration of being accepted to compete at any level (district, state or national) in the Make It With Wool program, I agree to abide by all rules set forth in the Official MIWW Entry Brochure and the rules and regulations of those in charge. I will accept the decision of the judges as final. I further agree that those in charge will have the right to eliminate me if I fail to comply with said rules. I hereby certify that I **personally** selected and made this garment. It is my own planning and workmanship. My garment(s) are made from a minimum of 60% loomed, knitted, crocheted or felted wool fabric or yarn.

Contestant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian signature, if contestant is a minor \_\_\_\_\_

**Check this box** to give MIWW permission to use photograph(s) of contestant for promotion of the MIWW contest.

Visit the website for additional information and guidelines: [www.makeitwithwool.com](http://www.makeitwithwool.com)