24th Annual

Airing of the Quilts

Date _____ Rec'd by _____

ENTRY FORM

Assigned

Sleeve Yes / No

Name of Exhibitor _____

Name of Owner _____

Name of Quilt (or Description) _____

Size: Width _____ x Height _____ Predominate Color _____

Top made by _____ Year _____

Quilted by _____ Year _____

Tell us about this quilt _____

PLACE PHOTO HERE