

# 25th Annual

# Airing of the Quilts



## ENTRY FORM

# Assigned

Sleeve

Yes No

Date \_\_\_\_\_

Rec'd by \_\_\_\_\_

Email address: \_\_\_\_\_

Name of Exhibitor \_\_\_\_\_

Name of Owner \_\_\_\_\_

QUILT SIZE:

Name of Quilt (or Description) \_\_\_\_\_

Width \_\_\_\_\_ X Height \_\_\_\_\_

Top made by \_\_\_\_\_ Year \_\_\_\_\_

Predominate Color \_\_\_\_\_

Quilted by \_\_\_\_\_ Year \_\_\_\_\_

Tell us about this quilt:

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