

Quilt Entry Form

One completed form MUST be attached to each quilt entered

Quilt Pattern Name / Type: _____

Quilt Size: _____ Approximate number of hours to complete this project: _____

- Check all that apply:
- | | |
|--|---|
| <input type="checkbox"/> Hand stitched pieced top | <input type="checkbox"/> Hand stitched pieced back |
| <input type="checkbox"/> Machine stitched pieced top | <input type="checkbox"/> Machine stitched pieced back |
| <input type="checkbox"/> Hand quilted | <input type="checkbox"/> Machine quilted |
| <input type="checkbox"/> Standard quilting | <input type="checkbox"/> Free motion quilting |
| <input type="checkbox"/> Regular / home machine used | <input type="checkbox"/> Longarm machine used |

Quilt top was pieced by: entrant someone else

Quilt back was pieced by: entrant someone else

Quilting was done by: entrant someone else a professional longarm quilter

Binding was sewn by: entrant someone else

Any Notes of Special Interest: _____



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