

# Autumn Inspirations 2024 Quilt Show

- All registration forms must be received by Monday, July 1, 2024.
- Read and follow the instructions on the attached pages and on the website ([www.quiltschenectady.org](http://www.quiltschenectady.org)).
- Use a separate form for each quilt and paper clip a photograph of the quilt to the form.
- Include a self-addressed stamped envelope.

Member Name \_\_\_\_\_ (please print)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Quilt name \_\_\_\_\_ Value of quilt \$ \_\_\_\_\_

Quilt size (inches) \_\_\_\_\_ width \_\_\_\_\_ height \_\_\_\_\_ Year completed \_\_\_\_\_

Should this quilt be hung with a group?  YES  NO Group Name: \_\_\_\_\_

**Do you want this quilt judged?**  YES (\$10 fee-please submit your check payable to Q.U.I.L.T.S)  NO

Description (Provide a brief description, 50 words or less to be displayed with your quilt. Use back of this form for addition information. \_\_\_\_\_

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**\*See Registration Instructions for more information.**

Technique Choose <u>all</u> that apply	Category* Choose <u>all</u> that apply	Quilting Choose <u>all</u> that apply	Design/Pattern Source
<input type="checkbox"/> Pieced: <input type="checkbox"/> Hand <input type="checkbox"/> Machine <input type="checkbox"/> Appliqué: <input type="checkbox"/> Hand <input type="checkbox"/> Machine <input type="checkbox"/> Paper or Foundation Pieced <input type="checkbox"/> Whole Cloth <input type="checkbox"/> Wool Penny <input type="checkbox"/> Mixed Media* <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Bed <input type="checkbox"/> Lap <input type="checkbox"/> Wall Hanging <input type="checkbox"/> Miniature <input type="checkbox"/> Art <input type="checkbox"/> Made by Child <input type="checkbox"/> Wearable Art <input type="checkbox"/> Tablerunner or Placemats <input type="checkbox"/> Other: _____ _____ <input type="checkbox"/> Guild Project: <input type="checkbox"/> Challenge <input type="checkbox"/> Workshop <input type="checkbox"/> Veterans <input type="checkbox"/> Straight from the Heart/Northern Rivers	<input type="checkbox"/> Hand Quilted <input type="checkbox"/> Tied <input type="checkbox"/> Machine-Traditional <input type="checkbox"/> Machine-Long Arm, by: <input type="checkbox"/> Maker <input type="checkbox"/> Professional: _____ Provide name of quilter if other than maker.	<input type="checkbox"/> Kit (prepackaged fabric, pattern included) Pattern Name: _____ _____ <input type="checkbox"/> Pattern(s) Used: (include pattern name & book/magazine source) _____ _____ <input type="checkbox"/> Top Pieced by (if not pieced by registrant): _____ <input type="checkbox"/> Totally Original-Designed, Pieced, and Quilted by Member ( <u>a new creation, not using a pattern from others</u> )

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**PLEASE NOTE:** If you have special hanging requirements (i.e. picture frames), you must provide your own hardware.

**Additional Information** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to exhibit the above quilt in the Q.U.I.L.T.S. "Autumn Inspirations 2024" show to be held at Proctors GE Theatre, 432 State St., Schenectady, NY 12305, October 5-6, 2024. I understand that Q.U.I.L.T.S. will take every precaution to secure my quilt while it is in their possession and will carry insurance for the entire show. I will check my homeowner's insurance policy if extra insurance is desired. I fully understand the above statement and am willing to exhibit my items under these conditions.

Member's signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE DO NOT STAPLE OR TAPE ANYTHING TO THIS FORM.**

**PLEASE DO NOT SUBMIT A DOUBLE-SIDED COPY OF THIS FORM.**

Please fill in member's name and name of quilt on the claim check below. Q.U.I.L.T.S. will assign the registration number and return the claim check to you in your self-addressed stamped envelope once all the registrations are received and processed. You will need to bring this claim check with you on Sunday, October 6th in order to pick up your quilt.

For Registrar's Use Only:

Date Rec'd: \_\_\_\_\_

Photo: Y \_\_\_\_\_ N \_\_\_\_\_

Judge: Y \_\_\_\_\_ N \_\_\_\_\_

Check #: \_\_\_\_\_

Email confirm. Sent: \_\_\_\_\_

Entered into Excel: \_\_\_\_\_

Registration #: \_\_\_\_\_

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2024 AUTUMN INSPIRATIONS CLAIM CHECK

QUILT REGISTRATION #: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Name of Entry: \_\_\_\_\_

**Please enter your name and your quilt's name above.** To retrieve your quilt after the show you must present this claim check and sign for each item. **DO NOT LOSE YOUR CLAIM CHECK(S).** If someone else is to pick up your quilt(s), make sure they have the claim check for it. **NOTE: We cannot release an item without this claim check.**