

Autumn Inspirations 2026 Quilt Show

- All registration forms must be received by Wednesday, July 15, 2026.
- Read and follow the instructions on the attached pages and on the website (www.quiltscenectady.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 the back of this form for additional information. _____

***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"/> Table-runner 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 (Kids)	<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 2026" show to be held at Proctors GE Theatre, 432 State St., Schenectady, NY 12305, October 3-4, 2026. 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 4th in order to pick up your quilt.

2026 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.**