

Autumn Inspirations 2016 Quilt Registration

All registration forms must be received by July 15, 2016 • Each quilt requires a separate form • We request that each form be accompanied by a photograph of the quilt • Be sure to include a self-addressed stamped envelope • See instructions on attached pages and on website (www.quiltscnectady.org)

Member Name _____ (please print)

Address _____

City _____ Zip _____ Email _____

Phone _____ Alternate Phone _____

Quilt name _____ Value of quilt \$ _____

Quilt size (inches) _____ width _____ height _____ Year completed _____

Is there an interesting design on the back of your quilt which should be displayed? YES NO

Will you be providing your own method for display? YES NO

If yes, explain _____

Should this quilt be hung with a group? YES NO?

If yes, explain _____

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

Is this a Show Case quilt? YES NO Category: _____

Description (provide a brief description to be displayed with your quilt. Use back of this form for additional comments)

Priority ____ of ____ (# of quilts entered) If entering multiple quilts and we need to cut back displays due to space, please rank this quilt. Lower numbers indicate higher priority. #1 would be most important.

Technique (choose all that apply)

Pieced: Hand Machine

Appliqué: Hand Machine

Paper Pieced Whole Cloth

Wool Penny Mixed Media

Other: _____

Category (choose all that apply) *see Directions for more info

Bed Lap Wall Hanging Miniature* Art*

Made by Child* Wearable Art* Table Runner/Placemats

Other* _____

Guild Project*: Challenge Mystery Quilt Workshop

Northern Rivers Veteran (include specific description/project in Description)

Quilting (choose all that apply)

Hand Quilted Tied Machine-Traditional Machine-Long Arm

By: Maker Professional: _____ (Provide name of quilter if other than maker)

Design/Pattern Source

- Totally original *(a new creation; not a copy of a previous work; patterns by others were not used but traditional blocks are acceptable)*
- Kit *(prepackaged fabrics and pattern-included)* Pattern Name: _____
- Pattern(s) used *(include pattern name & book or magazine it's from:)* _____
- Top Pieced by *(if not pieced by registrant)*: _____
- Designed, Pieced and Quilted by Member

Batting: Cotton Polyester Cotton/Poly Blend Wool Other: _____

I agree to exhibit the above quilt in the Q.U.I.L.T.S. "Autumn Inspirations 2016" show to be held at Proctors GE Theatre, 432 State St., Schenectady, NY 12305, October 1 & 2, 2016. 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 no staple or tape anything to this form. Also please do not submit a double-sided copy of this form.

Please fill in member 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 2nd in order to pick up your quilt.

2016 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.**