



Quilt registration

Deadline for submission of this form is August 27, 2010 • 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.quiltschenectady.org)

Member Name _____ (please print)

Address _____

City _____ Zip _____ Email _____

Phone _____ Alternate Phone _____

Quilt name _____ Value of quilt \$ _____

Quilt size (inches) _____ width X _____ 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 _____

Do you want your quilt judged? Yes (\$5 fee - please submit your check made payable to Q.U.I.L.T.S.) No

Description (provide a brief description to be displayed with your quilt; include quilt maker's name if not entrant. Use back of this form for additional comments) _____

Technique (choose all that apply)

- Pieced: Hand Machine
- Appliqué: Hand Machine
- Paper Pieced Whole Cloth
- Mixed Media:
 - Embellishments Embroidery
 - Novelty Paint
 - Photo Transfer Stamped
 - Wool Appliqué
- Other: _____

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

- Bed Lap Wall Hanging Miniature* Art* Pictorial*
- Northeast Kid's Injured Soldier Baby Quilt Holiday
- Made by Child Made by Group Antique Wearable Art*
- Guild Project: Challenge* Mystery Quilt* Workshop*
- Other* _____
(Describe or specify name of project and year)

Quilting (choose all that apply)

- Hand Tied Machine-Traditional Machine-Long Arm
- By: Maker Professional: _____
 Group (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-include pattern information in Description)
- Pattern(s) used (include pattern information including magazine, book or workshop, project title and author/instructor in Description)

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 2010" show to be held at Proctors GE Theatre, 432 State St., Schenectady, NY 12305, October 2-3, 2010. 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 _____



Autumn Inspirations 2010



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2010 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.**