Franklin County Quilters Guild - Quilt Show April 6-7, 2019 - Quilt Registration #_____

Entry deadline: Midnight Friday, March 1, 2019

(For each quilt you wish to register, all information below + photo are due by March 1.)

1. Please complete the information in the box as you wish it to be displayed at the show:

YOUR NAME: _____

The TITLE you have given to your quilt: _____

If you wish to share your quilt's STORY, please limit it to 60 words or less:

2. Category: (Choose only one.)

___ **Bed Quilt**, large, would fit a twin to king-size bed
___ **Lap Quilt or Crib Quilt**, smaller than twin-size, such as could be used on a sofa, baby bed, etc.
___ **Wall Hanging**, decorative, for display, any size
___ **Small or Miniature Quilt**, 24" maximum on any side
___ **Challenge Quilt** "Seeing Stars," interpreted in any style, maximum perimeter 120"

All quilts, including those in the Small/Miniature category, must have a sleeve sewn (not pinned) to the back. The sleeve must be at least 4" wide.

3. FINISHED measurements (after quilting and binding):

_____ inches **LONG** ↕ ***(top to bottom)*** _____ inches **WIDE** ↔ ***(side to side)***

4. Techniques used in construction of the quilt top:

_____Hand pieced _____Machine pieced Other techniques used:
_____Hand appliqued _____Machine appliqued _____
_____Hand embroidered _____Machine embroidered _____

5. Quilting: ___Hand quilted ___Domestic machine ___Longarm machine __Other:_____

Did you quilt it yourself? __Yes __No, it was quilted by_____

6. Photo ____ attached/enclosed **Your photo should show the entire front of the quilt, not just a block or a stack of fabrics. If your quilt has an interesting or unusual backing, consider submitting a photo of the back of the quilt also, in case the layout permits display of both sides.**

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By signing below, I understand that the Franklin County Quilters Guild, its members and affiliates and St. Albans City are not responsible for damage or loss of quilts exhibited. I accept full responsibility for any and all insurance coverage.

Signature _____ Date _____

Email (or phone, if no email)_____

Mail to: Kay Benedict, 24 Glen Ridge Ln., St. Albans, VT 05478 or Email to: kayben1@yahoo.com