



Kaleidoscope of Quilts XV Quilt Entry Form

Please use a separate form for each quilt entered.
This form may be photocopied.

Name _____ Phone Number _____
Address _____ e-mail _____

Title of Quilt Entry _____

Quilt Size (in inches) Width _____ Length _____

For category definition, please see Registration Forms.
Check all boxes that apply.

- | Category | Technique | Quilting | Display Only
(No Entry Fee) |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Bed Quilt | <input type="checkbox"/> Pieced | <input type="checkbox"/> Hand | <input type="checkbox"/> Antique Quilt |
| <input type="checkbox"/> Wall Hanging | <input type="checkbox"/> Applique | <input type="checkbox"/> Machine - Long Arm | <input type="checkbox"/> Children's/Teen Quilt
(Age of Maker _____) |
| <input type="checkbox"/> Miniature | <input type="checkbox"/> Mixed | <input type="checkbox"/> Computerized | <input type="checkbox"/> Invitational |
| <input type="checkbox"/> Legacy | <input type="checkbox"/> Other | <input type="checkbox"/> Non Computerized | |
| <input type="checkbox"/> Crib/Baby Quilt | | <input type="checkbox"/> Machine - Domestic | |
| | <input type="checkbox"/> Scrap Quilt | Quilted by _____ | |
| | <input type="checkbox"/> Group Quilt | | Quilt Return |
| | <input type="checkbox"/> Art Quilt | | <input type="checkbox"/> Pick-Up |
| | <input type="checkbox"/> Bag/Tote | | <input type="checkbox"/> UPS (included fee) |

Brief Comments (quilt pattern, history, recipient, etc) to be included on display card) (limit to 50 words)

Payment Summary

of Quilts/Garments Entered: _____ X \$5.00
UPS Return Fee, per carton: _____ X \$20.00 _____
Total Enclosed _____

For Official Use Only

Registration Number _____
Date Received _____
Amount Received _____

I agree to exhibit the above quilt in the Kaleidoscope of Quilts XV show. I understand the Glass City Quilt Commission will take every precaution to secure my quilt while it is in their possession. I realize they cannot be responsible for the acts of nature or others beyond their control. I understand that my signature gives the Glass City Quilt Commission permission to use photographs of my quilt for the promotion of the quilt show in any publications or advertisements.

Signature _____

Print and mail this entire form to GCQC Registration, 100 Sherman Place, Perrysburg, OH 43551.

Make check payable to Glass City Quilt Commission.
Registration Forms must be received by June 30, 2011.