

“A Sea of Quilts”
Amherst Museum Quilters Guild Show

Entry Number (leave blank) _____
April 23, 24, 25, 2010

Return completed quilt registration form by **THURSDAY, MARCH 11, 2010** to Jackie Groszkowski, 5727 Bowmiller Rd. Lockport, NY 14094.

Note from registration chairs: NO ENTRIES WILL BE ACCEPTED AFTER MARCH 11, 2010
If you're not sure you'll be finished with an entry, it's better to register it, even if you don't end up showing it.

ALL INFORMATION MUST BE PRINTED!

Last name _____ First name _____
Address _____ Phone () _____
City/State/Province _____ Zip _____

I am registering the following item for the quilt show:

Indicate the **EXACT** correct dimensions for hanging: Width _____ inches Length _____ inches
Quilt maker _____ Quilt title _____
Quilt owner, if different _____ Estimated value _____
Is this quilt for sale? (circle) **YES** **NO** Price _____

CIRCLE the CATEGORY of your quilt

BED QUILT (twin size and up) WALL QUILT THROW QUILT (approx. 48"x70")
ANTIQUE (date if known) BABY QUILT MINIATURE
WEARABLE ART JUNIOR CONTEMPORARY/ART
OTHER

ENTRY IDENTIFICATION: (Quilt/project pattern from a book, class project, block of the month, kit: you MUST give credit to the originator of the pattern or design.) _____

Circle **ALL** appropriate items relating to your entry:

Original: design/layout/appliqué Mixed techniques Pieced by hand Pieced by machine
Appliquéd by hand Appliquéd by machine Block of the month From a kit
Quilted by self by hand Beginning quilter First time entering a quilt in AMQG show
Quilted by self using standard machine Quilted by self using a long arm machine
Hand quilted professionally by _____
Machine quilted professionally by _____

Comments about your entry: (History, kit, block of the month: details pertaining to your project; why you chose to make this project, etc.) Please limit yourself to no more than 25 words.

The item described is entered for exhibit from April 16 to April 25, 2010 at the Amherst Museum, 3755 Tonawanda Creek Road, Amherst NY 14228. The Amherst Museum is responsible for loss only while the item is on the museum premises. **I FULLY UNDERSTAND THE ABOVE.**

Signature _____ Date _____

TO BE FILLED IN AT THE TIME OF REGISTRATION BY THE REGISTRATION COMMITTEE:

QUILT CONDITION: New/excellent _____ Good _____ Stained _____
Torn _____ Antique _____ AMQG Member initials _____

CLAIM CHECK

(Please PRINT; Do NOT put in an entry number)

Name _____ Entry Number _____ Entry Number _____

Address _____ Phone number _____ Dimensions

Colors of the project _____ width _____

(Claim check will be given at the time of registration.) length _____

-- ✂-- ✂-- ✂-- ✂-- ✂-- ✂ CUT HERE-- ✂-- ✂-- ✂-- ✂-- ✂-- ✂ CUT HERE-- ✂-- ✂-- ✂-- ✂-- ✂

ATTACH THIS SECTION SECURELY TO THE LOWER RIGHT BACK OF YOUR ENTERED ITEM.

SECURITY LABEL (please print)

Name _____ Entry number _____

Address _____ Phone number _____