

Quilt Number Assigned : _____

2017 Quilters Showcase – Quilt Show Registration Form

Please send a copy of this form to The Stitching Well as soon as you have it completed.

Each quilt must be dropped off at The Stitching Well between August 21 and September 9, 2017. It must be folded in a pillow case with a firmly attached label, which includes your name, phone number and email address. Please also enclose a copy of this registration form.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Quilt Maker Name: _____ Quilted By: _____

Measurements of Item: _____ Date Made: _____

Source/Pattern Name: _____

Quilt Name: _____

Check only one Technique below:

Technique (Check Only One)

_____ Appliqué
_____ Crazy Quilt
_____ Embroidered
_____ Fiber Arts, Embellishments
_____ Pieced
_____ Clothing

Technique Continued

_____ Children (Under 16)
_____ Other (Accessories, Pillow,
Runner, etc.)
_____ Wool
_____ Paper Pieced

Quilting (Check One)

_____ Hand Quilted
_____ Machine Quilted

Description of quilt (history, interesting information, etc.) this information will be displayed on a card with the quilt. (Use other side if needed)

Person designated to pick up quilt at The Stitching: _____

Signature of person picking up quilt: _____

QUILT PICK UP INFORMATION: After the show quilts must be picked up at The Stitching Well beginning at 11:00 am on Tuesday, September 26, 2017.

Return form to: Shirley Rajewski, The Stitching Well, 78 State Park Dr, Bay City, MI 48706-2142
Email: shirley@thestitchingwell.com Phone: 989-684-0231