

Date/Time for Dropping off Quilts: Friday, October 10, from 9-12 noon, Knowlton Memorial Hall.

Submit **entry forms** to Barbara Metsack by mail: 69 Laurel La., Ashford 06278. Tel. 860-429-6383

One form per entry. **TWO COLOR PHOTOS** *must be attached to each entry form*, with the name of Quilt and the maker/owner on the back of each photo. **Please, photo no larger than 4” X 6” with a good color representation. INCLUDE SASE FOR CONFIRMATION ALONG WITH PAGE 2 OF THE APPLICATION. Due by 8/11/14.***

A **6” sleeve** is required on all quilts except miniatures and small wall hangings.

Each item must have a label that states the following: Quilter’s name, phone number, title of the work. Bring each item & label in a clear plastic bag. If you are unable to submit your work in person, we will accept it from your designee and give that person the receipts you need to retrieve your work.

Retrieval of items: 5:00 pm Saturday, Oct. 11 after take down. Take a number and you will be called when take down is completed. If someone other than you is picking up your quilt, they will need a note to the Committee along with your receipts. The committee will be available until 5:30 pm to return your work. If any item is not picked up by that time, it is the responsibility of the owner to contact Barbara at 860-429-6383 to arrange retrieval.

***PROGRAM BOOKLET:** In 35 words or less, write what you want viewers to know about your work such as Your motivation, the techniques used and/or any personal history you wish to share. **Include this information on the entry form for inclusion in the program booklet.**

PLEASE KEEP A COPY OF EACH ENTRY YOU SUBMIT SO YOU HAVE A RECORD OF WHAT YOU ENTERED!

Quilt maker/owner _____ **Phone #** _____
STREET: _____ **TOWN** _____ **Zip:** _____

Title of quilt/Wearable _____

Quilt measurements: width _____ **Length:** _____ **Year completed** _____

Name of quilt guilds that you belong to: _____

Check all that apply: *Pieced by: hand ___ Machine ___ *Appliqued by hand ___ Machine ___
*Quilted by: hand ___ Machine ___ *Quilted by self ___ other ___

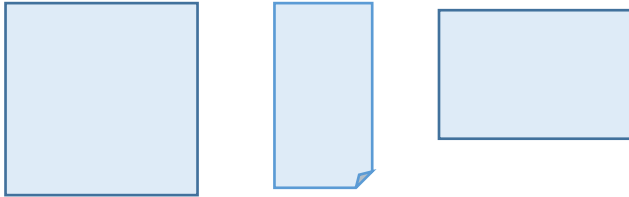
*Professionally quilted by (name) _____

*Design from: Traditional pattern ___ Original design ___ from a published or commercial pattern _____

*Credit pattern or source of inspiration _____

***ALL QUILTS WILL NEED A 6” SLEEVE WITH THE EXCEPTION OF MINI AND SMALL WALL.**

Mark an X in the box to indicate the orientation your quilt should hang.



*May this quilt/wearable be used in a display (draped) instead of hung? Yes ___ No ___

*Do you give permission for this quilt/wearable to be photographed by the public? Yes ___ No ___

*Do you give show committee permission to use you or your entry’s photo in publicity? Yes ___ No ___

*I hereby acknowledge that I am voluntarily offering my quilts/wearable for exhibit in the “300th Anniversary” quilt show. I acknowledge that members of the “300th Anniversary” quilt show and volunteers may handle, touch, hang and display my items and will do everything in their power to ensure their safety, with full knowledge of the risks involved in the handling and public presentation, I hereby release and hold harmless the members of the “300th Anniversary” quilt show and its volunteers from any and all claims arising from loss or damage.

SIGNATURE

DATE

Please fill in the form below. DO NOT DETACH THIS FORM. _____ DUE BY AUGUST 11, 2014.

*MAIL TO: Barbara Metsack, 69 Laurel Lane, Ashford, CT. 06278 -- 860-429-6383

*INCLUDE SASE FOR CONFIRMATION, page 2 of the application, program booklet info., 2 Photos each entry.

Oct 11, 2014 “300th Anniversary Quilt Show Entry.

Name _____

Item Name _____

Thank you for submitting your entry.

QUILT # _____

Oct 11, 2014 “300th Anniversary Quilt Show Entry.

Name _____

Item Name _____

This receipt **MUST BE SHOWN** to claim your entry

After take down Oct. 11. QUILT # _____