

OFFICIAL ENTRY LABELS

(PLEASE FILL OUT COMPLETELY)

BASTE THIS LABEL TO THE BACK OF YOUR QUILT.

I certify that I have read the Quilts and Wall Hangings 2018 application and agree to the terms stated by entering my quilt.

Name: _____

Address: _____

City: _____ Zip Code: _____

County: _____ Phone Number: _____

email: _____

Would you like to be notified of upcoming events? Yes _____ No _____

Name of quilt pattern: _____ Pieced: _____

Original Pattern: Yes ___ No ___ Applique: _____

Mixed/Other: _____

(If not made by applicant)

Name of Quiltmaker: _____

Hand Quilted: Yes ___ No ___

Amateur Quilter ___ Long arm quilting professional _____

Name(s) _____

Quilt Size:

Length (inches) _____ x Width (inches) _____

Is this quilt for sale? Yes _____ No _____

Wholesale price \$ _____ 30% \$ _____ Retail \$ _____

My quilt is not for sale except to the West Virginia State Museum collection. \$ _____ (price)

If not for sale, insurance value \$ _____

Please check one:

Mailed _____ Delivered _____

Entry # _____ (Staff will complete)

SEND THIS LABEL IN THE BOX IF YOU MAIL YOUR QUILT, OR BRING IT WITH YOU IF YOU DELIVER YOUR QUILT.

Name: _____

Address: _____

City: _____ Zip Code: _____

County: _____ Phone Number: _____

email: _____

Would you like to be notified of upcoming events? Yes _____ No _____

Name of quilt pattern: _____ Pieced: _____

Original Pattern: Yes ___ No ___ Applique: _____

Mixed/Other: _____

(If not made by applicant)

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Please check one:

Mailed _____ Delivered _____

Entry # _____ (Staff will complete)

NOTE: If filling out this form electronically, save and rename file when completed.