

# \_\_\_\_\_

# To be assigned  
by person  
receiving entry.

**Memories from the Past,  
Visions for the Future  
November 15-16, 2014**

**BTQG 2014 Quilt Show Entry Form**

Please read carefully, fill out completely  
and if hand-written, please **print!**

**Deadline for form: October 24<sup>th</sup>, 2014**

**If mailed, mail forms by October 21<sup>st</sup>,  
2014 to:**

**Willie Morris**

**6201 S Scott Blvd**

**Columbia, MO 65203**

Email: [morrisw@missouri.edu](mailto:morrisw@missouri.edu)

*Use a separate entry form for each entry! This form  
may be photocopied as needed.*

**Quilts must be delivered to  
Fairview United Methodist Church**

**between 8:00 a.m. and 12:00 p.m. on November 14<sup>th</sup>, 2014.**

*The number of entries is not limited but indicate  
your priority in case all quilts cannot be hung.*

Priority number: \_\_\_\_\_ of \_\_\_\_\_ (1 of 6, 2 of 6, etc.)

**All quilts must have a sleeve or we cannot hang them. Please  
attach a 4" sleeve.**

Any guild member may enter quilts and may sponsor a quilt(s) from a person who isn't in the guild.

Guild Member Name: \_\_\_\_\_ email address: \_\_\_\_\_

Address: City, State Zip \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Quilt made by member \_\_\_\_\_ Yes \_\_\_\_\_ No - - If no, sponsored for \_\_\_\_\_  
Name(s) (Attach additional page if many people)

Type of Entry: \_\_\_\_\_ Quilt \_\_\_\_\_ Crib or Juvenile Quilt  
\_\_\_\_\_ Wall hanging  
\_\_\_\_\_ Wearable (includes purses)  
\_\_\_\_\_ Decorative (bowls, table runners, postcards, pot holders, pillows, etc.)  
Name item and size \_\_\_\_\_  
\_\_\_\_\_ Friendship Quilt  
\_\_\_\_\_ Challenge Quilt  
\_\_\_\_\_ Education (from BTQG sponsored classes or retreat classes)

**Measure the quilt carefully! Height \_\_\_\_\_ Width \_\_\_\_\_**

**When hung: (measure INCHES top to bottom) (measure INCHES side to side)**

**Title:** \_\_\_\_\_ This quilt is for sale \_\_\_\_\_ No \_\_\_\_\_ Yes \$ \_\_\_\_\_

Pattern Name: \_\_\_\_\_ Owned by: \_\_\_\_\_

Original Design: \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ If the item features applique, is the applique by \_\_\_\_\_ Hand \_\_\_\_\_ Machine

Hand/Machine Pieced by: \_\_\_\_\_ Hand/Machine Quilted by: \_\_\_\_\_

Description: Describe your entry. Let the viewer know anything special about it such as pertinent history, why it was made (for a special occasion or recipient), and/or how it was made. This information will be displayed with the entry. Try for 70 words or less to fit in available space below or continue on reverse side. Text will be edited if needed. Thank you for sharing with us all.

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## Claim Check

YOUR ENTRY WILL NOT BE AVAILABLE FOR PICK UP UNTIL 6:00 p.m. **SUNDAY**, November 16<sup>TH</sup>.  
ALL entries must be picked up between 6:00 p.m. and 7:30 p.m. **NO EXCEPTIONS.**

Whoever picks up the quilt **MUST** have this claim check in their possession. Quilt # \_\_\_\_\_

Guild Member \_\_\_\_\_ Quilt Name \_\_\_\_\_

Entry Type \_\_\_\_\_ # \_\_\_\_\_ of \_\_\_\_\_

Row # \_\_\_\_\_

Quilt # \_\_\_\_\_

----- **Label for Quilt** -----

Please complete, cut on dotted lines, and safety pin or hand sew to the **bottom left corner (right corner when looking at the back of the quilt)** of your quilt or quilted item when submitted so we can identify your entry easily.

Name: \_\_\_\_\_ Quilt Name: \_\_\_\_\_

Address: City, State Zip \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

----- **Label for Quilt** -----