BTQG Biennial Quilt Show
October 2-3, 2020
BTQG Quilt Show Entry Form
Please read carefully, fill out completely
and if hand-written, please **print!**
Deadline for form: September 10th, 2020
If mailed, mail forms by September 7th,
2020 to:
Willie Morris
6201 S Scott Blvd
Columbia, MO 65203
Email: morrisw@missouri.edu

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

Block by block a quilt is sewn.
Block by block a community has grown.

_____

 # To be assigned
by person
receiving entry.

Quilts must be delivered to
The State Historical Society of Missouri, 605 Elm Street
between 10:00 a.m. and 1:00 p.m. on Thursday, October 1st,
2020.

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
                        _____ Education (from BTQG sponsored classes or retreat classes)
                        _____ Challenge

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.

_____

_____

_____

Claim Check

YOUR ENTRY WILL NOT BE AVAILABLE FOR PICK UP UNTIL 5:00 p.m. **SATURDAY**, October 3rd. ALL entries must be picked up between 5:00 p.m. and 5:45 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 #s: Home _____ Work _____ Cell _____

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