

BTQG Biennial Quilt Show
October 23-24, 2026

BTQG Quilt Show Entry Form

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

**Deadline for form: September 15th,
2026. If mailed, mail forms by**

September 10th, 2026, 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.*

Freedom of Expression

To be assigned
by person
receiving entry.

Quilts must be delivered to

**Community Methodist, 3301 W Broadway between 8:00 a.m.
and 12:00 noon on Thursday October 22, 2026.**

*The number of entries may be limited so 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, potholders, pillows, etc.)
Name item and size _____
_____ 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 24.
ALL entries must be picked up between 5:00 p.m. and 6:00 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 _____

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 _____

Quilt Height in inches _____ Quilt Width in inches _____

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