

Quilt Owner: _____

Phone : _____

Quilt Maker: _____

Date Made: _____

Quilt Name or Pattern: _____

Quilt Size: (length x width): _____

Description/History: _____

Please judge this quilt for the following award (select ONE only)

Gordon Brooks Memorial Award (Art Quilt)

Textile Traditions Award (Made from TT Shop Fabric)

Threads of History Award (Historic/Reproduction Quilt)

Giltner-Moore Memorial Award (Meaningful Quilt)

Weaverville Hotel Crazy Quilt Award (Best Crazy Quilt)

Judged quilts must be submitted by 5PM on September 25th, 2009

Display quilts must be submitted by 4PM on October 2

Sew label securely to FRONT right corner, OK to use mailing labels. Complete entire form and write legibly. OK to attach extra paper if needed for history/more quilt info.

Sew on dotted line

Quilt Owner: _____

Phone : _____

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Date Made: _____

Quilt Name or Pattern: _____

Quilt Size: (length x width): _____

Description/History: _____

Please judge this quilt for the following award (select ONE only)

Gordon Brooks Memorial Award (Art Quilt)

Textile Traditions Award (Local fabric Quilt)

Threads of History Award (Historic/Reproduction Quilt)

Giltner-Moore Memorial Award (Meaningful Quilt)

Weaverville Hotel Crazy Quilt Award (Best Crazy Quilt)

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