

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)

Autumn in the Alps Challenge (theme quilt)

Trinity Journal Award (Black/white/red Quilt)

Textile Traditions Award (Local fabric Quilt)

Threads of History Award (Historic/Reproduction Quilt)

Weaverville Hotel Crazy Quilt Award (Best Crazy Quilt)

Youth Quilt Awards, select ONE only

Ages 3-7

Ages 8-12

Ages 13-17

Judged quilts must be submitted by 5PM on September 24th, 2010

Display quilts must be submitted by 4PM on October 1

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 or attach with safety pins on dotted line (No straight pins)

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