

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

Any age, quilted by another

Judged quilts must be submitted by 5PM on September 24th, 2011

Display quilts must be submitted by 4PM on September 30, 2011

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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