Dutchess Heritage Quilt Show XIV

Quilt Registration Form

Please use a separate form for each quilt entered

Name _____ Telephone ( ) _____
Address_____ City _____ State_____ Zip _____

Q*uilt Information*

Quilt Title _____ Size _____(W) x _____(L)
Owned by: _____

Please attach a brief (25 words or less) description of your quilt for the catalog theme or e-mail to meeveesh1@netzero.com

Classification: Please answer the appropriate questions. Circle if necessary

The quilt top was made by:_____
It is Appliqued Pieced Mixed Art/ Innovative Other _____
(Pieced & appliqué)
It is Hand Quilted Machine Quilted Combination of both

The Quilt was quilted by _____
Yes or No Was anyone paid money to work on this quilt?
Yes or No The quilt is to be exhibited as a youth quilt (maker under 15 when made)
Yes or No The quilt is an antique entry
Yes or No The quilt is to be judged
Yes or No The quilt is a miniature
Yes or No The quilt is a Wall hanging (less than 60" on a side or by design)
Yes or No The quilt is a Bed Quilt (longer than 60" or by design)

Should this Quilt be considered for the Best Interpretation of Theme " Flights of Discovery" Y N
If yes, please attach a brief (25 words or less) statement of why this fits the theme or e-mail to meeveesh1@netzero.com

Quilt return: Please Check one and fill in any additional information.

_____I will pick up my quilt after the show on October 11, 2009 at Falcon Hall DCC. If someone other than you will pick up the quilt please fill in his or her name_____
_____ I would like my quilt to be returned to me via UPS. Ship to address if different from above: _____

Enclosures (four or five) Please check:

_____1. Registration Fee in the form of a check payable to Dutchess Heritage Quilt show for total amount of $5.00 per quilt and return shipping fee if you choose this option.
_____ 2. A color photo of each quilt (does not have to be finished and photo will be returned)
_____ 3. SASE business sized envelope (only one needed even for multiple entries)
_____ 4. Description of the quilt for the catalog- please indicate if emailed.
_____ 5. A theme statement for each entry being considered

Please send to: **Meegan Veeder- Shave**
475 N Quaker Lane
Hyde Park NY 12538

Registration forms must be received by Thursday September 17, 2009

Your signature_____ Date _____