

DUE DATE 2/11/15

| | |
|-------------|--|
| NAME: | |
| Street: | |
| City/State: | |

| | |
|--------|--|
| Home: | |
| Cell: | |
| Email: | |

| | |
|--------------|--|
| Quilt Title: | |
|--------------|--|

| | | | | |
|-----------------|--------|--|---------|--|
| Size in inches: | Width: | | Height: | |
|-----------------|--------|--|---------|--|

| | | |
|--------|----------|------------|
| Hangs: | Vertical | Horizontal |
| | Square | Round |

Check One:

| | |
|-----------------------------------|--|
| Bed Sized | |
| Lap/Crib | |
| Wall Hang | |
| Antique | |
| Challenge 2014 (Birthday Theme) | |
| Challenge 2015 (Birds in the Air) | |
| Other (Explain): | |

Check all
that apply:

| | |
|-------------------|--|
| Hand Pieced | |
| Machine Pieced | |
| Hand Appliqued | |
| Machine Appliqued | |
| Hand Quilted | |
| Other: | |
| Machine Quilted* | |
| *BY WHOM | |

Description for DISPLAY CARD/Catalog: (Under 3 sentences) DO NOT LEAVE BLANK!

| | |
|---|-------------|
| QUILTS FOR SALE: (NLQG Commission = 10% of Sale Price) | Sale Price: |
|---|-------------|

Insurance Release: I wish to enter the quilt named and described on this form and agree to abide by the rules and procedures of Northern Lights Quilt Guild (NLQG). I understand that NLQG will take every precaution to protect my quilt during the exhibition, but realize that NLQG assumes NO responsibility for loss or damage. (Note: You may want to check your homeowner's insurance policy for coverage of your entry(ies). I give my permission for my entry to be photographed for publicity purposes related to this event.

| | | | |
|------------|--|-------|--|
| Signature: | | Date: | |
|------------|--|-------|--|