

NJ QUILT CONVENTION ENTRY FORM This form may be photocopied.

PLEASE PRINT OR TYPE

Postmark by April 13, 2008, ONE FORM PER ENTRY, \$10.00 per entry

Name(s) (For group entry give a contact name with address and list names as you would like them to appear on reverse side)

Street Address (No PO Boxes for return shipping)

City State Zip

Phone Email

Title of Entry Year Completed (2004-present)

Top Made By (name/s) Quilted By (name/s)

x 2 + x 2 =

Quilt Width (inches) Quilt Height (inches) * Required Insurance Value
(*Over \$1000 bed, \$500 others requires a written appraisal)

Categories, check only one: Total all sides of quilt to determine size.

- Bed Quilt- Applique (280" or larger)
- Bed Quilt -Pieced (280" or larger)
- Wall Quilt- Applique (93"- 279")
- Wall Quilt- Pieced (93"- 191")
- Wall Quilt -Pieced (192"- 279")
- Innovative (93" or larger)
- Group (93"- 298")
- Group (299" or larger)
- 2008 Theme (any size)
- Small Quilt (up to 92")
- Individual Youth (ages 7-15) Age: _____
- Group Youth (ages 7-15)
- Wearable Art

Please print a brief story (25 words or less) or your interpretation of the theme for the story cards, subject to editing, use reverse side if needed: _____

DELIVERY/RETURN INSTRUCTIONS

Delivery Method: Hand: _____ 6/6 or 6/7 at various locales, see instructions
Shipped: _____ Must be received by 6/7, refer to shipping instructions
Return Method: Hand: _____ After 5:30pm on 6/14, bring entry receipt!
Shipped: _____ No PO boxes, please refer to return instructions, enclose \$15 fee!

Signature: _____
I wish to enter the above quilted item and agree to abide by the rules and decisions of the judge and the SQG of NJ, Inc. I understand that the SQG of NJ, Inc. will take precautions to protect my entry but cannot be held responsible for events beyond its control. You have my permission to photograph this entry and use the photograph for event-related publicity and/or promotion both before and after the show, including our website NJQUILTS.org. All entrants must have written permission from the creators of the piece.

SEND FORM with fees TO: Geri Wolf, 182 Andover Place, Robbinsville, NJ 08691/ 609-443-6596

Show Committee Use:

Entry form rec'd _____ Category: _____ Total # of entries: _____
Entry Fee: _____ Return Shipping: _____ Total: _____ Ck# _____