

# YOUTH QUILT REGISTRATION FORM

BAYBERRY QUILTERS OF CAPE COD

2017 ANNUAL QUILT SHOW

AUGUST 3, 4 & 5, 2017

**REGISTRATION DEADLINE: MAY 1, 2017**

**PLEASE PRINT -- Complete one entry form for *EACH* item you plan to submit. Please photocopy this form for additional quilts. Entry forms containing more than one entry WILL NOT be processed.**

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ \*AGE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

TITLE OF WORK: \_\_\_\_\_

What would you like to say about your quilt in 25 words or less? We reserve the right to edit. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FINISHED SIZE: Width (Sleeve End) \_\_\_\_\_ " x Length \_\_\_\_\_ "

*If your quilt is both hand and machine quilted, select the **PREDOMINANT** method, then check other applicable techniques:*

TECHNIQUES:      Quilted      Pieced      Appliqued      Embroidered      Embellished      Tied

Hand:                      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Machine:                      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**ADDITIONAL INFORMATION (If Applicable)**

Quilt Started in a Bayberry or Other Workshop. Please provide teacher's name and name of workshop below:

\_\_\_\_\_

\_\_\_\_\_

**RELATIONSHIP TO BAYBERRY MEMBER** \_\_\_\_\_

**PATTERN - This information is required in order to protect the copyright of the original design.**

**Original Design \_\_\_\_\_ or Designed by \_\_\_\_\_ Name and source of Pattern: \_\_\_\_\_**

I enter the above work and agree to abide by the decisions of the Show Committee. I understand that Bayberry Quilters of Cape Cod will use every precaution to protect my property during this event, but cannot be held liable for loss, damage or other happenstance. Quilts previously exhibited in a Bayberry show are not eligible to be entered again. The number of quilts entered by members may be limited by the Curators.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**MAIL TO: Susan Foley, PO Box 1160, East Dennis, MA 02641**

**\*Must be 18 or younger for this category.**