Sagebrush Quilters' Guild

QUILT SHOW REGISTRATION

| Name of Quil | t: | | | |
|---------------------------|-------------------------------|------------------|---------------|-----------------------|
| Quilt Owner: | | | | |
| Phone Numb | er: Home: | Cell: | | |
| Size of Quilt: | LapX | Twin | x | |
| | DoubleX | Queen | x | |
| | WallhangingX | Bag | X | |
| Please measu possible. | ure your quilts accurately so | o the display co | mmittee can a | accommodate as many a |
| Quilted by: _ | | | | |
| This Quilt is n | ny first, second | , third | | _ choice for display. |
| Is this quilt fo | or sale? | | | |
| This quilt will | be picked up by: | | | |
| The Story of t | this Quilt: (This information | will be displaye | d on your lab | el) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Your e-mail a | aaress: | | | |

DEADLINE FOR REGISTERING YOUR QUILTS: MONDAY, JUNE 12, 2017 – 8:30 PM