

Youth Adult
 (circle one)

LAYERED TEXTILE DEPARTMENT

ENTRY FORM

Fill out Quilt History Form for each Auction
 Entry and attach to this Form.
 LCQC Member: circle one Yes No

_____ If Junior Exhibitor, Parent Signature needed here

Mail To: Trinity County Fair Association, PO Box 880, Hayfork, CA 96041-0880

(530)628-5223

Print or Type Your Entries:

EXHIBIT # (Fair Staff)	DIVISION	CLASS	DESCRIPTION	SILENT AUCTION	DISPLAY ONLY	AUCTION QUILT
Maker of Quilt:			Owner of Quilt:			
Name of Quilt:			Antique Quilt (Pre 1940) or Recent	Width	Length	Sq Inches
Maker of Quilt:			Owner of Quilt:			
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Please accept the entries described above, subject to the rules and regulations as published in the official premium book for the Trinity County Fair. I agree to abide by those rules and I declare all statements made in connection with these entries to be true:

Signature: _____ Print Name: _____ Club Affiliation: _____

Mailing Address: _____ City: _____ County: _____ Zip: _____ Telephone: _____

Pick Up and Return Quilt to: (check one) Trinity County Fair _____ Highland Art Center _____ Mad River Ranger Station _____