

**2019 COUNCIL QUILT SHOW  
Grandma's Kitchen ENTRY FORM**

No. \_\_\_\_\_

**Please complete two entry forms to accompany each quilt entered. Quilts cannot be released without proof of ownership. Please print clearly. Pre-entry forms are appreciated and can be submitted on or after Friday, June 7, 2019, by either mail: PO Box 238, Council, Idaho 83612 or by email to: [sally@ctcweb.net](mailto:sally@ctcweb.net) or to [quilts@councilquiltshow.com](mailto:quilts@councilquiltshow.com)**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Owned by \_\_\_\_\_ Pieced by \_\_\_\_\_ Quilted by \_\_\_\_\_

Dimensions: Top Width \_\_\_\_\_ inches Side Length \_\_\_\_\_ inches **(Please give sizes)**

Name/Designer of pattern \_\_\_\_\_ Predominant colors \_\_\_\_\_

**IS THIS A THEME ENTRY?** (relates to this year's 'Grandma's Kitchen' theme)  Yes  No

**History of or reason for making this quilt:** Please use the back of this sheet or attach a separate sheet if needed.

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**ALL WINNING ENTRIES WILL BE SELECTED BY VIEWERS CHOICE**

**Community Award winners are selected by the award sponsors.**

By signing below I understand that I release the Council Quilt Exhibit Committee and its members from all liability for loss, damage, theft, or injury to any item I enter. I also understand that if I wish to insure any property while it is at the 2019 show I must do so on my own. You have my permission to allow photographs of my quilt.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**QUILT PICK UP INFORMATION:**

**QUILTS WILL NOT BE RELEASED TO ANYONE OTHER THAN ENTRANT WITHOUT THEIR WRITTEN PERMISSION. QUILTS CANNOT BE REMOVED BEFORE 6:30 P.M. ON FRIDAY, JULY 5<sup>th</sup>.** We understand that you want your quilt, but to insure the care of ALL quilts, we will stick with this condition rigidly this year.

**Please check one:**

Return my quilt to the address above; **I have enclosed the necessary funds and specified the return shipment method and amount of insurance (if shipping method is not specified entries will be shipped USPS)**

**OR**

I will pick up my quilt between **6:30 p.m. and 7:30 p.m.** on Friday, July 5 at the show

**OR**

Between **1 p.m. and 2 p.m.** on Saturday, July 6 at the show

**OR**

I authorize \_\_\_\_\_, telephone # \_\_\_\_\_ to pick up my quilt at the times listed.

*Quilts left after 2:30 p.m. on Saturday July 6 without arrangements for return postage, will be returned COD unless you call Sally Cole at 1-208-253-4617 to make other arrangements to pick up your quilt.*