	Show #:				
((Number	assigned	by the	committe	ee



Registration #:	
(Number assigned I	by the committee)

Quilt Fest 2020 Registration Form (PLEASE PRINT LEGIBLY)

Name:		
Phone Number:	Email Address:	
Type of Article (quilt or clothing/miscellaned	ous):	
Quilt Name (Title or Pattern):		
Exact dimensions of article (in inches):	Length (top to bottom):	Width (side to side):
Pieced by:	Quilted by:	
Quilting done by (Check one): \Box Hand	☐ Domestic Machine ☐ Lo	ng-arm Machine
Current Owner:	Date Completed:	
Is your quilt for sale? \square Yes \square No	Sale Price: \$	
☐ Check this box if you do NOT want your	quilt to be photographed while o	n display at the quilt show.
Physical description of quilt:		
All articles to be hung must have a 4" sleev Quilt" available on our website and at the a Select One of the below: I will bring my quilt to the March 1 mee I will email a photo of my quilt to letort I will mail two photos of my quilt to Letort Please write information that will be printed historical information, etc.):	meetings). eting to get a photo taken. tquilters@gmail.com (please inclu Tort Quilters of Carlisle, PO Box 26	ude your name and the name of the quilt) 60, Carlisle, PA 17001
The LeTort Quilters of Carlisle will take all possible c		
responsibility for any damages or loss of your entry forth by the LeTort Quilters of Carlisle.	. The submission of entries to this show	w constitutes an agreement to the conditions set
I have read and understand the rules for entering an in the event of loss or damage to my entry.	item for this show and I am aware of the	e limited liability of LeTort Quilters of Carlisle
Signature of submitter:		Date: