

Youth Adult
 (circle one)

LAYERED TEXTILE DEPARTMENT

ENTRY FORM

 Jr. Parent Signature

Mail Entry Form To:

Trinity County Fair - P.O. Box 880 Hayfork, CA 96041-0880

(530) 628-5223

Fill out quilt history for each entry & attach to this form.

LCQG member: _____

Mountain Village member: _____

Print or Type your Entries

EXHIBIT # (Fair Staff)	DIVISION	CLASS	DESCRIPTION (Use exact wording of Premium Book)	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: _____ Name: _____

Mailing Address: _____ Club Affiliation: _____

City : _____ County: _____ Zip: _____ Telephone: _____

Pick up and Return Quilt to: (check one) Trinity County Fair ___ Highland Art Center ___ Lewiston Moose Lodge ___ S. Trinity Unified School District ___