Please complete one form for each quilt/item. SCHQ Members Only.
Member Name: $\qquad$
Email: $\qquad$ Phone: $\qquad$
Quilt title:
(Required)
Pattern name: $\qquad$
Pattern designer: $\qquad$
Maker(s) of quilt: $\qquad$
Quilter(s): $\qquad$

Display Category: (must choose one)

| GENERAL | Quilt Show Chair Star Challenge |
| :---: | :---: |
| Kid's Corner (made BY kids) 15 years old or younger and Sponsored by a Member. | Featured Quilter Display |
| SCHQ Small Group Challenge Quilts: Specify group/class/mystery quilt name: | Special Grouping: <br> Specify group name: |
| Holiday: <br> Specify: | Wool: |


Is it OK to take photographs of this quilt? $\qquad$
List Any Special Handling Instructions: $\qquad$

| Member drop off signature: | Registration Initials: |
| :--- | :--- |
| Member pick up signature: | Registration Initials: |

History - People enjoy reading about how a quilt came about -the persons, locations, or events that inspired the maker, about the creative process, techniques used, or about its history since being created. Please share your quilt's story (may be edited for space): Use the back of the sheet.

