

ENTRY FORM

Pine Belt Quilters Fiber Art & Quilt Show

Web site: www.pinebeltquilters.com

Lake Terrace Convention Center - Hattiesburg, Mississippi

October 8-9-10, 2010

All entry forms must be RECEIVED BY WEDNESDAY, JULY 21, 2010

Use separate form for each quilt (Photocopy this form, if necessary)

Name _____

Phone (home): _____

Address _____

Cell Phone: _____

City, State, ZIP _____

E-mail (*please print clearly*): _____

Quilt Title/Name: _____

Year completed _____

Size in inches (*please measure*) _____ wide x _____ long

Category (see Category page) _____

Quilted by: _____

Check **all** that apply to the **quilting** of this entry:

hand quilted

domestic sewing machine-free motion

longarm machine-free motion

domestic sewing machine-computer assisted

longarm machine-computer assisted

Description of Quilt: Using third person, describe your quilt for color, pattern, technique(s), giving credit to the book, kit, magazine, class, etc. Example: Linda used shades of purple and green for her Ohio Star quilt. This information will be used in the show catalog and displayed on your quilt. **Please use 50-75 words or less.**

PBQ member _____yes _____no

Fees: \$5 for each entry. A separate Entry Form and photograph must be sent with each item.

I wish to enter the above item and agree to abide by all conditions pertaining to exhibiting. I understand that the Committee reserves the right to change the category in which the quilt is entered. I understand that every precaution will be taken to protect my quilt entered in this show including overnight security guard at the Lake Terrace Convention Center, but that Pine Belt Quilters cannot be responsible for acts of nature beyond its control.

This quilt ____may ____may not be photographed. (Check one.)

I will ____hand-deliver; ____mail; ____deliver to an Off-Site Check-In Location _____

(See Off-Site Check-in Locations. **An additional \$3 fee for each entry is required for this service.**)

Signature of Exhibitor and Date

Mail Entry Form, check made out to PBQ, **SASE**, & photograph to:

Beth McDaniel, Registration Chair

140 SCR 152

Mount Olive, MS 39119