

Macomb County Quilt Guild

QUILT SHOW ENTRY FORM 2024 ENTRY DEADLINE MARCH 23, 2024

Entries **MUST** be picked up between 5 pm – 7 pm on Saturday, April 13, 2024 from the Chesterfield Community Center. No entries can be picked up early. **YOU MUST HAVE YOUR PICKUP RECEIPT.**

Thank you for wanting to show your quilt(s) in the MCQG Treasured Quilts Quilt Show. We are delighted that you are willing to give

ENTRY #

Checked in by Registration Committee Member (Name):

April 11, 2024 between 11:00 am – 7:00 pm. off. Please submit a separate entry form for 6	REMINDER: Quilts must be brought to the Chesterfield Community Center, Thursday, f you cannot bring in your quilt(s), please have a friend or family member drop them ach quilt entered. We will make every effort to display all entries; however, it may not one quilt displayed. Any questions can be directed to Barb Shock at (586) 419-7093 or k79@gmail.com.
Exhibited By (Name):	Phone #:
Address:	
Email Address:	
	ember (Non-Member Entry Fee \$5.00)
Quilted By (Name):	
Size of Quilt Entry (inches): width (left to	right): length (top to bottom):
Quiit Story (50 words or less – OPHONAL - ca	complete a separate sheet and attach to this entry form):
Center can be held liable for loss, theft, or d photo of your quilt for your records. Quilts ne	y of your entry, but neither Macomb County Quilt Guild, nor Chesterfield Community mage to any article exhibited by you (the Exhibitor). We recommend you take a color of to have a label attached. Quilts 48" or larger need to have a 6" diameter sleeve (soup ilts smaller than 48" need to have a 3" diameter sleeve attached for hanging. By signing e conditions.
Exhibitor's Signature:	Date:
QUILT IDENTIFICATION	•

MCQG TREASURED QUILTS QUILT SHOW

(Attach to bottom back corner of quilt)

(Staff will enter #)

Quilt Name:______Exhibitor Name:______

Address:______Phone #:_____

Entry #_____



(Keep to Claim Entry)		
		y #
(Staff will enter #)	(
		t Name
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	5:00	ress: ne #: up is fron