

Quilting: A Thread Runs Through It
 2010 Quilt Show Entry Form
 Durham-Orange Quilters' Guild, Inc.
 (this form may be photocopied as needed)

To Be: (mark one)	
Judged	<input type="checkbox"/>
Or	
Displayed only	<input type="checkbox"/>

Was quilting done using Longarm? Yes <input type="checkbox"/> or No <input type="checkbox"/>

Mail entry form and 2 photographs to the following address:
 DOQ c/o Judy Corley-Lay, 35 Shady Grove Road, Pittsboro, NC 27312
 This form must be received by August 31, 2010. One form per quilt.

Name: _____ Phone: _____
 Address: _____
 City/State/Zip _____
 Email Address: _____
 Name of Quilt: _____
 Size of Quilt: _____ (in) width, by _____ (in) length (approx. size)

Are you an amateur or professional quilter? Do you derive income from selling quilts or other quilt related activities? You are a professional if you answered "yes" to this question.

Circle the appropriate description of yourself as a quilter: Amateur Professional

If any portion of your quilt was worked on by a professional then your quilt is considered an entry for the Professional category. Note also the special categories for two-party quilts that apply for a quilt that is pieced by an amateur, but is professionally quilted. Separate ribbons may be awarded for professional and amateur quilts in each category.

Choose the category most appropriate for your entry:

- | | | |
|---|--|--|
| <input type="checkbox"/> Bed, pieced | <input type="checkbox"/> Wall, pieced | <input type="checkbox"/> Collaborative, pieced |
| <input type="checkbox"/> Bed, appliqué or mixed | <input type="checkbox"/> Wall, appl. or mixed | <input type="checkbox"/> Collaborative, appl. or mixed |
| <input type="checkbox"/> Miniature | <input type="checkbox"/> Child's Quilt | <input type="checkbox"/> Wearable |
| <input type="checkbox"/> Art | <input type="checkbox"/> Two Party Large (amateur piecing/prof. quilting) | |
| <input type="checkbox"/> Accessories | <input type="checkbox"/> Two Party Medium (amateur piecing/prof. quilting) | |

If a collaborative quilt or in two party categories, names of collaborators or of the group:

.....
 Inspiration, source of the design and notes of interest for show information: (25 words or less)

I understand that DOQ will take every precaution to protect my quilt during the event but cannot be responsible for loss or damage.

Signature _____ Date _____

Name of person responsible for picking up the quilt:
 Name _____ Phone _____