

**Seaport Quilters' Guild Annual Quilt Show
Registration Form -- DUE APRIL 1**

PLEASE PRINT NEATLY

No. _____
(Guild's use only)

Name of Category: _____

Look for category descriptions at www.seaportquilters.org.

Exhibitor: _____ Year made: _____

Maker: _____ Youth's Age _____

Quilted By: _____

Phone # _____ City _____

Quilt Name or Type of Wearable or Decor _____

Inspired by: (**Please state the name of Pattern, Book, Author, Teacher, Person, etc.**) _____

Size: _____ Inches Wide by _____ Inches Tall

Quilt Facts: (Please keep to 4 lines or less) _____

White – Mail to Seaport Quilters' Guild, PO Box 491, Lewiston, ID 83501

Yellow Sheet – Safety Pin to back of Quilt

Pink Sheet – Turn in when you pick up Quilt after Show

**Seaport Quilters' Guild Annual Quilt Show
Registration Form -- DUE APRIL 1**

PLEASE PRINT NEATLY

No. _____
(Guild's use only)

Name of Category: _____

Look for category descriptions at www.seaportquilters.org.

Exhibitor: _____ Year made: _____

Maker: _____ Youth's Age _____

Quilted By: _____

Phone # _____ City _____

Quilt Name or Type of Wearable or Decor _____

Inspired by: (**Please state the name of Pattern, Book, Author, Teacher, Person, etc.**) _____

Size: _____ Inches Wide by _____ Inches Tall

Quilt Facts: (Please keep to 4 lines or less) _____

White – Mail to Seaport Quilters' Guild, PO Box 491, Lewiston, ID 83501

Yellow Sheet – Safety Pin to back of Quilt

Pink Sheet – Turn in when you pick up Quilt after Show