



Quilt-a-Fair 2020 Quilt Show Entry Form

Red, White and Blue (or any combination)

Name _____

Address _____

City _____ State _____ Zip _____

Home or Cell Phone (_____) _____

Email _____

1. Quilt Drop Off:

(Between Aug. 10 – Aug. 31)

My quilt will be delivered to:

_____ Ruth's Stitchery, Colorado Springs

_____ RMQM, Golden

_____ The Presser Foot, Longmont

All quilts must be delivered no later than August 31st.

All quilts must be in a cloth bag like a pillowcase.

Name, phone number and quilt name should be on pillowcase and quilt.

2. Quilt Pickup arrangements:

_____ I will pick up my quilt at Longmont Fairgrounds on Saturday, Sept. 26th between 6:30 – 7:00 PM

_____ I declare _____ will pick up my quilt at Longmont Fairgrounds, Saturday, Sept. 26th between 6:30 - 7:00 PM

_____ I declare I will pick up my quilt at the location I dropped it off.

_____ **I will donate my quilt to Quilts of Valor**

3. Quilt Information

Quilt Name: _____

Quilt Size: Vert. _____ Horiz. _____

Acceptable sizes:

Vertical Length: 87" – 104"

Horizontal Width: 63" or larger

Sizes: vertical/ horizontal

Twin: 87 x 63

Queen: 92 x 84

Double: 87 x 78

King: 100 x 91

CA. King: 104 x 87

Estimated value \$_____. This amount may not exceed \$250 for a twin, \$500 for larger quilts unless accompanied by a written appraisal by a Certified Appraiser.

On the back of this form (100 words), please include a brief description of your quilt. Include the size, pattern used, the person (s) who made the quilt, pieced by machine, hand or both, person(s) who quilted it (by machine, hand, or both), date completed. Add other interesting information.

4. **Check made out to CQC for \$10.00**

5. **Completed form mailed by August 1, 2020**

Colorado Quilting Council

QAF 2020 Quilt Show

P.O. Box 295

Wheat Ridge, CO 80034-0295

6. **I understand that the QAF Show Committee** reserves the right to display the quilt in any manner it deems necessary. By entering the exhibit, I am giving my understood/silent approval. I allow my quilt to be photographed during the show. I understand that I am responsible for my own insurance. I understand that no responsibility for loss or damage to my entry will be assumed by CQC, it's officers, agents or volunteers. CQC will take all reasonable precautions to protect my entry.

Signature _____

Date _____