

CLAIM FORM: Entry No. _____

Do not enter any information above.

Category Number _____

Category Name _____

Maker _____

Name of Quilt _____

Member of CCQG? Yes _____ No _____

LIABILITY RELEASE:

I, the undersigned, do release the CCQG from any liability for damage or loss of item listed above.

Name _____

Signature _____

Date _____

**Pick Up Time: 6:00 P. M.
Saturday, May 15, 2010 at the
Crystal Coast Civic Center**

This **ENTRY CLAIM FORM** is your receipt and **must** be presented at pick up time. (Please do not detach prior to mailing in your form. When you submit your entry, you will be given this receipt.)

ENTRY FORM: Entry No. _____

Do not enter any information above. For Guild Use Only.

Maker _____ Telephone _____

Address _____

Email _____ For Exhibit Only (will not be judged) _____

Category Number _____ Category Name _____

Name of Quilt _____

Size in inches: Width _____ Length** _____ Year Completed _____

**** ALL QUILTS LONGER THAN 90" MUST HAVE A SLEEVE ATTACHED 90" FROM THE BOTTOM OF THE QUILT.**

Pieced/Appliquéd by _____ Quilted by _____

Indicate Method of Quilting used: Machine quilted _____ Hand quilted _____ Both _____

Checklist: 2" _____ or 4" sleeve _____ ID label _____ Non-CCQG entry fee enclosed: \$ _____
(see entry instructions to determine amount)

LIABILITY RELEASE: I, the undersigned, do release the CCQG from any liability for damage or loss of the item listed above.

Signature: _____ Date: _____

In 50 words or less, please share what inspired you to create your entry and/or a short history about it, including source of your design.

Please complete and mail to: Alice Cordell, 426 Meeting St., Beaufort, NC 28516, and must be postmarked by Monday, April 5, 2010.