

FALLING LEAVES QUILT SHOW OCTOBER 4 & 5, 2008
ENTRY DEADLINE – FORM MUST BE SUBMITTED BY AUGUST 2, 2008

Mail form to: Ladies of the Lake Quilt Guild (LLQG) P. O. Box 875, Kelseyville, CA 95451

One item per entry form. Please make copies of form for multiple entries. Entry form MUST be filled in completely. **A COLOR PHOTO MUST BE INCLUDED** for each entry – can be of unfinished item.

This Entry for JUDGED Item (enclose \$6.00 fee).

Exhibitor _____ Owner _____

Exhibitor's address _____ City _____

Phone _____ E-mail _____

Maker(s) _____ Quilter(s) _____

Quilt Size in inches: Width _____ Length _____ (PLEASE BE ACCURATE).

Colors (front) _____ Colors (back) _____

Wearable: (vest, skirt, etc.) _____ Home decor: (table runner, pillow, etc.) _____

TITLE OF ITEM (must be filled in) _____

PATTERN NAME (if known) _____

DESCRIPTION OF QUILT STYLE

Check One (See Rules)

_____ TRADITIONAL _____ INNOVATIVE _____ MIXED TECHNIQUE

CLASS OF ITEM

Check One (See Rules)

Quilt – over 215 inch perimeter _____ A _____ B _____ C

Quilt, Innovative – over 215" perimeter _____ E _____ F

Quilt, Mixed Technique – over 215" perimeter _____ G _____ H

Wall Hanging – 81" to 215" perimeter _____ J _____ K _____ L

Wall Hanging – Innovative, 81" to 215" perimeter _____ M _____ N _____ P

Wall Hanging – Mixed Technique -81" to 215" perimeter _____ Q _____ R

_____ S Small Quilt – 80" , or less, perimeter

_____ T Miniature Quilt – 24" x 24" max., (must be to scale)

_____ U Wearable

_____ V Home Decoration

_____ Y1. Youth 10 yrs. and under _____

_____ Y2. Youth 11 to 17 yrs. _____

Provide your Quilt Story in 25 words. Pattern source, class you took, what inspired you, history, original design, etc. LLQG reserves the right to edit.

Want to MAIL YOUR QUILT TO US? Mail by U. S. Post Office to P. O. Box above.
_____ Mailing my entry to show. See Rules for complete instructions.

INSURANCE WAIVER: I expressly agree to release Ladies of the Lake Quilt Guild (LLQG) and Lake County Fairgrounds and their respective members, agents and employees from all liability loss, damage, theft, injury, or destruction to my property during the Falling Leaves Quilt Show of the LLQG held at Lake County Fairgrounds. I understand and agree that insurance for my entry is my own responsibility.

ENTRANT'S SIGNATURE _____ DATE _____

LABEL	See instructions in Rules and Procedures.
Name	_____
Address	_____
City/State/Zip	_____
Phone	_____
TITLE OF ITEM	_____
Filled in by LLQG	_____