

# Christmas In May

## 11<sup>th</sup> Annual Chewelah Quilt Show

Presented by The Chewelah Arts Guild

### ENTRY FORM

No entries accepted without a registration form. Use a separate form for each entry.

**Memorial Day Weekend**

**May 29 & 30, 2010**

**Saturday 10:00 – 5:00 p.m. & Sunday 11:00 – 3:00 p.m.**

**Jenkins High School - E. 702 Lincoln, Chewelah**

**Entry Forms Due by May 7, 2010**

**Quilts Due by May 21, 2010**

*(if dropping quilt off separately, be sure to include the attached form with the quilt – See page 2)*

**Forms & Quilts may be mailed or dropped off to:**

Akers United Drug Store c/o Debbie Akers  
PO Box 136, N 406 Park, Chewelah, WA 99109 (509) 935-8441

**Exhibitor's**

**Name:** \_\_\_\_\_

**Mailing**

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Guild's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Title Of Quilt:** \_\_\_\_\_

**Basic Color of Quilt:** \_\_\_\_\_

**Piecing Method:**     *Machine*     *Hand*    **Other:** \_\_\_\_\_

**Quilting Method:**     *Machine*     *Hand*    **Other:** \_\_\_\_\_

**Appliqué (if applicable):**     *Machine*     *Hand*    **Other:** \_\_\_\_\_

**Quilt Owner:** \_\_\_\_\_

**Made By:** \_\_\_\_\_

**Quilted By:** \_\_\_\_\_

Everyone enjoys reading about quilts and how they were inspired or created. Please write a brief note about your quilt. (You may use the back of this form if more room is needed)

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Miniatures 18" & Under

Wall Hangings

Crib/Lap

Bed Quilts 60" Plus

Old/Antique

Youth

Wearable

Other

Challenge – Christmas in May

**Size of your Quilt**

     
 Length                      Width

**Is Your Quilt For Sale?**

YES \$ \_\_\_\_\_

NO

I understand that no professional security is provided. I will provide my own insurance on my quilt while it is in the possession of the Quilt Show. In consideration of acceptance of this entry, I waive all claims against the officials and sponsors of The Chewelah Arts Guild Quilt Show for loss or damages to my quilt that may result from participation in this show.

\_\_\_\_\_  
Signature

**This part of the form MUST be in the bag with your quilt.**

Exhibitor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Size of Your Quilt: \_\_\_\_\_

Title of Your Quilt: \_\_\_\_\_

Basic Color of Your Quilt: \_\_\_\_\_



**CLAIM TICKET**

Exhibitor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Size of Your Quilt: \_\_\_\_\_

Title of Your Quilt: \_\_\_\_\_

Basic Color of Your Quilt: \_\_\_\_\_

Name of Authorized  
Person To Claim Entry or  
SELF \_\_\_\_\_

Please put each entry into a separate, **clear** plastic bag with your name, address and phone number on the **outside** of the bag. Be sure to include the top half of this page in the bag with the quilt as well. A cloth label should be sewn or placed onto the back of each quilt with your name, address and phone number.

Quilts must be delivered to Debbie Akers at Akers United Drug Store, N. 406 Park, Chewelah, (509) 935-8441 by Monday, May 21, 2010 or mailed via insured mail to PO Box 136 (Information on special arrangements may be made by contacting Debbie Akers.

**Keep this claim ticket.** This claim ticket MUST be brought in when you pick up your quilt at Akers United Drug Store, N. 406 Park, Chewelah. Quilts can be picked up at Akers United Drug on Tuesday, June 1, 2010, unless special arrangements have been made.

All quilts will be protected by using cotton sheets before placing them on any object in the museum.

We have limited space. All quilts may not be hung.