

Name of Quilt

## Niagara Heritage Quilters Guild



Quilt Show Submission Form - PO Box 284, Thorold, ON L2V 3Y9

Last Name:		First Name:		
Address:		City:		
Postal Code:	Home Phone:		Cell:	
Email Address:				
Name of Quilt:	me of Quilt:Pattern Source:			
Year Made: Quilted	by:			
Other Collaborators				
Size: Width Len	gthDescrip	otion:		
Quilt Category: Tradition  NHQG Quilt (2		lodern lothing	Contemporary Fibre Arts Other	
workshop, recipient, and <b>a</b> p  Photo included	hoto of your quilt. <i>Quil</i>	ts will only be	tion regarding your quilt - inspiration, e accepted from Guild members.  e Quilters' Guild from Thursday, May 28, 2020 to	
Sunday May 31, 2020 at the Merid	an Community Centre in Pel	ham, ON.		
-	•	•	surance only while the item is on these premises. owners' insurance policy regarding coverage.	
		MENT AND AI	M WILLING TO EXHIBIT THIS ITEM	
Signature			Date	
Accepted by Niagara Heritage Quilters' Guild for show			Accepted back by Member he lower right corner of your item	
Exhibitor's Name		 Tele	ephone	