

SMALL QUILT AUCTION REGISTRATION

(please sew or pin a sleeve to the back of your quilt)

Name _____ Date _____

Address _____ City/State/Zip _____

Phone number _____ E-mail _____

Please check below all the techniques used in the construction of your small quilt.

<input type="checkbox"/> Hand Pieced	<input type="checkbox"/> Hand Quilted	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Machine Pieced	<input type="checkbox"/> Machine Quilted	_____

<input type="checkbox"/> Hand Applique	<input type="checkbox"/> Embellished
<input type="checkbox"/> Machine Applique	<input type="checkbox"/> Embroidery
<input type="checkbox"/> Fused Applique	<input type="checkbox"/> Pre-printed Fabric

Size: Length _____ Width _____

Quilt Title/Name: _____

Dominant Color or Quilt Pattern: _____

Description or story about your quilt: _____
