

AQG Visions of Quilting 20/20

Entrant's Name _____

Address: _____ Phone: _____

Email: _____ AQG Member: YES No (\$5 fee)

<p>1. Quilt Title _____</p> <p>2. Quilt Owner _____</p> <p>3. Quilt Size Length _____ inches; Width _____ inches</p> <p>4. Quilt was Constructed by: _____</p> <p>5. Quilt was Designed by: <input type="checkbox"/> Self OR <input type="checkbox"/> Author Author Name: _____</p> <p>Pattern Source: _____</p> <p>6. Quilt was Quilted by: <input type="checkbox"/> Self OR <input type="checkbox"/> Professionally by: _____</p> <p>COMMENTS ABOUT THIS QUILT (max 25 words) _____ _____ _____ _____ _____</p>	<p>CATEGORY (select one)</p> <p><input type="checkbox"/> Modern</p> <p><input type="checkbox"/> Garment/Home Dec</p> <p><input type="checkbox"/> Miniature</p> <p><input type="checkbox"/> Group Effort Project</p> <p><input type="checkbox"/> Mixed Techniques (3)</p> <p><input type="checkbox"/> Pieced</p> <p><input type="checkbox"/> Applique by Hand</p> <p><input type="checkbox"/> Applique by Machine</p> <p><input type="checkbox"/> Art Quilt</p> <p><input type="checkbox"/> Wholecloth</p> <p><input type="checkbox"/> Hexagons</p> <p>Perimeter SIZE (select one)</p> <p><input type="checkbox"/> Large (200"+)</p> <p><input type="checkbox"/> Small</p> <p>QUILTING (select one)</p> <p><input type="checkbox"/> Hand</p> <p><input type="checkbox"/> Stationary Machine</p> <p><input type="checkbox"/> Moveable Machine</p> <p><input type="checkbox"/> Computerized Machine</p> <p>QUILT DESIGN (select all that apply)</p> <p><input type="checkbox"/> Antique / Vintage</p> <p><input type="checkbox"/> Own Color Selection</p> <p><input type="checkbox"/> Purchased Kit</p> <p><input type="checkbox"/> Novice (less than 2 yrs)</p> <p><input type="checkbox"/> Junior (under age 12)</p> <p><input type="checkbox"/> Teen (age 13 – 17)</p>
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Registration deadline is March 30

To be completed by Registration Committee at time of submission. **AQG Initials:** _____

Quilt Condition: New Good Stained Torn Antique