Duffy Gallery TRQG Exhibit 2024 January 20 – March 17th

PLEASE TYPE OR PRINT CLEARLY. Fill out online is best. Tab between fields. X applied boxes. Print and hand in.

Owner's Name:	Phone:
Address:	Cell:
City, State, Zip:	Email:
Quilt Name:	
Ouilt Dimensions:	(Please be accurate with
	sleeve is mounted and height. Please no King size.
Date completed:	Declared value of Quilt
Pattern or Block name:	
Pieced by:	Hand Domestic Machine
Quilted by:	☐ Hand ☐ Domestic Machine ☐ Long-arm ☐ Free Motion
	□ String □ Block □ Improve □ Crazy Quilt □ Log Cabin dow □ English Paper Piecing □ Foundation Paper Piecing
Other:	
Embellishments: ☐ Vintage Lace ☐ Yo Yo ☐ Needle Felting	☐ Linen Hankies ☐ Buttons ☐ Beads ☐ Embroidery ☐ Applique
Stitches: □ Straight □ Decorative	□ Zig Zag □ Satin □ Twin Needle
even a song? Is the quilt the result of class/worksh Did you make the quilt for a special of Did you design the quilt yourself? Or Talk about the techniques you used	ake the quilt? Was it a particular fabric, an antique quilt, a photo or nop or a special pattern? occasion – to welcome a baby, celebrate an anniversary or birthday? nce again what were you inspired by? to make the quilt. Does the quilt feature a special element to look tory on separate piece of paper) include your name and name of

Submit a copy of this form on or before our Nov. 9th Guild meeting, clearly filled out along with a printed color picture of quilt and turn in to Lu Anne Tridico.