



**Milford Valley Quilters Guild
Quilt Registration Form**

Please Print

Exhibitor: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Cell or Alternate # _____

Name of Quilt: _____

Required Photo Included: _____ Yes _____ No

Exact size for display placement: Width: _____ Length _____

.You will not pick a category number. We will assign your quilt a category based on the information on your registration form and quilt photo.

Category (Check all that apply)

<input type="checkbox"/> Pieced	<input type="checkbox"/> Clothing & Other Items	<input type="checkbox"/> Group (Three or more worked on this quilt)
<input type="checkbox"/> Appliqued	<input type="checkbox"/> Art/Modern	<input type="checkbox"/> Special Technique
<input type="checkbox"/> Display Only (Not Judged)		

Quilting

<input type="checkbox"/> Hand	<input type="checkbox"/> Stationary Machine (home)
<input type="checkbox"/> Movable Machine (longarm)	<input type="checkbox"/> Professional
<input type="checkbox"/> Tied (Not judged)	

- Is your quilt part of a group which should be displayed together? (Example: MVQG 2025 challenge, block of the month, charity, workshop, international exchange.) Please explain:

- This was purchased as a kit – pattern and fabric included. Source: _____
- This was a “block of the month.” Source: _____
- The pattern was purchased. Source: _____
- I will mail this quilt (must be received by June 15, 2025)
- I will deliver this quilt to the Delaware Valley School June 25, 2025, 3 PM – 7 PM
- This quilt is for sale amount \$ _____: MVQG retaining 10% Sales

You're Checklist

- Registration form
- Color Photo of good quality
- Check made out to Milford Valley Quilters Guild
- Story of Quilt

If your quilt has been professionally appraised:

Appraised value _____ (You must include a copy of the written appraisal. Without a written appraisal, any loss will be insured for an amount determined by the insurance carrier.)

I understand that the Milford Valley Quilters Guild will take all reasonable precautions to protect my quilt. I realize they cannot be responsible for circumstances beyond their control. I wish to enter the above quilt and my signature denotes my agreement to abide by the rules as printed.

Signature: _____ Date: _____

Mail to: Nancy Holleran, 57 Clove Road, Montague, NJ 07827

Phone: 973 534-3837 E-Mail: nholleran@earthlink.net (Please put “Quilt Show” in subject line.)