

## SIXTH BIENNIAL OLD DEERFIELD QUILT CHALLENGE ENTRY FORM

(PLEASE PRINT)

Name \_\_\_\_\_ HAVQG member? Yes no (circle)

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime telephone \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Name of Quilt \_\_\_\_\_

Size of Quilt: Length \_\_\_\_\_ Width \_\_\_\_\_

Shape:  Square/rectangle  Round  Other (please describe explicitly)

Entry category:  Pieced  Applique  Surface Design  Whole Cloth

Description: (Please check all that apply)

<input type="checkbox"/> Hand Pieced	<input type="checkbox"/> Hand Appliqued	<input type="checkbox"/> Hand Embellished
<input type="checkbox"/> Machine Pieced	<input type="checkbox"/> Machine Appliqued	<input type="checkbox"/> Machine Embellished
<input type="checkbox"/> Hand Quilted	<input type="checkbox"/> Machine Quilted	<input type="checkbox"/> Other (explain)

Value for insurance \$ \_\_\_\_\_ (Maximum coverage provided by HAVQG \$1000.)

Insurance release statement: I am aware that the maximum value of insurance coverage provided by the quilt show and by the museum is \$1000 and that additional insurance coverage is my responsibility.

\_\_\_\_\_  
(signature)

Release statement: I have read the Challenge Rules and understand the insurance conditions and limitations. I will make my quilt available to Memorial Hall Museum for up to 10 months for purposes of exhibition in Deerfield or elsewhere at the museum's discretion.

\_\_\_\_\_  
(signature)

I agree to allow a picture of my quilt to be posted on the Hands Across the Valley Quilt Guild website.  yes  no

Artist's Statement: (please limit to this space)

**Please check your entry:**

**Did you include:**

completed entry form  
 check for \$20 to HAVQG  
 SASE (business size)

**Mail entry form, postmarked by 1/13/09 to:**

Carol Scheier  
222 Rockrimmon Road  
Belchertown, MA 01007