

AUCKLAND FESTIVAL OF QUILTS 2018

ENTRY FORM

MEMBER INFORMATION							
Name:							
Current Address:							
Phone:							
Age (if Junior Member):							
QUILT INFORMATION							
Quilt Title:							
Made By:				Membership #:			
Quilted By:				Membership #:			
Design Source:							
Price (if for sale):							
Dimensions (please measure carefully):		Width (in cms)		Length (in cms)			
Category (select one):							
Single Maker		Multiple Makers		Other		Non-Judged	
Amateur Wall	Professional Wall	Wall Quilt	Mixed Media	Exhibition only			
Amateur Small	Professional Other	Small Quilt	Recycled	Junior			
Amateur Large		Large Quilt	Modern				
			AFQ Challenge				
Other Details (Y/N):				Quilting Details (Y/N):			
This quilt is my original design		Quilted by Hand					
I chose the fabric and the colour scheme		Quilted by Domestic Machine (includes Sweet 16)					
If a group quilt, are all makers AQG members		Commercially Quilted – Computer Guided					
Made from a kit or class pack		Commercially Quilted – Hand Guided					
Contains hand applique							
<p>Artist Statement: Please provide a brief, clearly written and interesting commentary about your quilt – inspiration, interest factor, materials used etc. Acknowledge source if design is not original, and other contributors to the work. <i>Commentary longer than 25 words may be edited.</i></p>							
CONDITIONS							
<p>I wish to enter my quilt in the Auckland Festival of Quilts 2018 and I agree to the following:</p> <ul style="list-style-type: none"> To abide by the rules and decisions of the Auckland Festival of Quilts Sub-Committee The Auckland Festival of Quilts Sub-Committee accepts no responsibility for breach of copyright 							
INSURANCE							
<ul style="list-style-type: none"> I understand that the Auckland Quilt Guild and Auckland Festival of Quilts Sub-Committee will take all due care to protect my quilt while transported, stored and exhibited. I agree that the Auckland Quilt Guild and Auckland Festival of Quilts Sub-Committee cannot be held responsible for any damage to or loss of my quilt during the period from Hand-In Day to when the quilt is collected by me or my agent after the show. I understand that I am responsible for insuring my own quilt. 							
PHOTOGRAPHY							
I agree that photographs of my quilt may be used for publicity purposes				Yes	No		

Signature of Member:	Date:
----------------------	-------