

**Information Required for NQA Insurance**



SHOW NUMBER

**ATTACH  
PICTURE  
HERE**

This photo will NOT  
be returned to you.

Your name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Your Title for the Item: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Size: Length: \_\_\_\_\_ Width: \_\_\_\_\_  
 Insurance Value: \_\_\_\_\_

Cabin Branch       Stone House

**Information for the Show Catalog**

Your name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 (This will only be used to contact you if there are questions - it will not be published.)

SHOW NUMBER

**Type of Item:** (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Bed Quilt                        | <input type="checkbox"/> Wall Quilt           | <input type="checkbox"/> Pillow         |
| <input type="checkbox"/> Home Accessory                   | <input type="checkbox"/> Miniature/Doll Quilt | <input type="checkbox"/> Clothing       |
| <input type="checkbox"/> Challenge Quilt                  | <input type="checkbox"/> Personal Accessory   | <input type="checkbox"/> Block Exchange |
| <input type="checkbox"/> Is this your first quilted item? | <input type="checkbox"/> Block of the Month   |   |

**Description:**

Your Title for the Item: \_\_\_\_\_  
 Pattern Name (if any): \_\_\_\_\_  
 Size of Item: Length \_\_\_\_\_ Width \_\_\_\_\_  
 Color Scheme: \_\_\_\_\_

**Brief History/Description:** (Date made, for whom, why colors were chosen, special history, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Use back if necessary.)

**DO NOT WRITE BELOW THIS LINE**

Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 (Owner)  
 Printed Name: \_\_\_\_\_

**Pick-up Receipt**

Condition upon receipt	
	SHOW NUMBER

Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 (Committee Person)  
 Printed Name: \_\_\_\_\_

**Drop-off Receipt**

Condition upon receipt	
	SHOW NUMBER