

SHADOW MOUNTAIN QUILTERS

PINS AND NEEDLES QUILT SHOW

THEME: "Rainbow Express"

MARCH 31-APRIL 1, 2023

Bob Ruud Community Center, Pahrump NV

OFFICIAL USE ONLY	ENTRY NUMBER
DATE:	
CASH	CHECK 3 RD PLACE
EMAILED COVER	PLACARD MADE

QUILT ENTRY FORM

CATEGORIES: H, S, M, L, W, X, B, QA, QC, TC
ONE FORM PER ENTRY – PLEASE PRINT CLEARLY

ENTRANT NAME	PHONE NUMBER
MAILING ADDRESS	
EMAIL	
NAME OF QUILTER	
NAME OF QUILT	

CATEGORY NO.	FINISHED SIZE	THEME ENTRY?	IS THIS A KIT?
	(Wide x tall)	YES NO	YES NO
TWO COLOR CHALLENGE	COLOR (NAME YOUR COLOR)	PLUS WHITE	

METHOD OF QUILTING <small>CIRCLE ONE</small>	LONG ARM COMPUTER AIDED	LONG ARM HAND GUIDED	STATIONARY MACHINE	HAND QUILTED
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IS THIS QUILT FOR SALE? YES NO IF YES, WHAT IS THE PRICE? \$ _____
 IF YES, WE WILL POST YOUR CONTACT INFO ON THE ENTRY SO THAT A BUYER MAY CONTACT YOU DIRECTLY.

THE STORY OF YOUR QUILT

We will prepare a placard for your entry for viewing by those attending the show. Please give us a short story about your entry, such as why you made it, inspiration, difficulties in the process, what you liked most about it, or pattern/fabric info, etc. Viewers enjoy reading these, so please print clearly and tell us about your quilt.

I HAVE READ AND AGREE TO THE RULES AND ENTRY INFORMATION FOR THIS SHOW (Required)

SIGNED _____ DATE _____

**INSURANCE WAIVER AND ASSUMPTION OF LOSS
PINS AND NEEDLES QUILT SHOW**

Your entries may already be protected by your homeowner's policy. The insurance policy that covers Shadow Mountain Quilters is a personal injury liability policy only. It does not provide any protection against property damage, loss, or theft. We will handle the entries with great care and our hostesses will watch quilt show attendees to prevent the public from handling them as much as possible. Therefore, we ask that all entrants sign the following statement evidence their recognition and assumption of risk, and return this form with your entry.

"By signing this statement, I expressly agree to release Shadow Mountain Quilters and their respective agents and members from all liability for any loss, damage, theft, injury, or destruction to any article entered by me in the Pins & Needles Show. I understand and assume that I bear the risk of all uninsured loss to my own property and it is up to me to properly insure against any and all risks if I so choose."

Signature: _____ Date: _____

Print Name: _____

**PLEASE RETURN THIS FORM WITH YOUR ENTRY. ONLY ONE WAIVER
FORM IS NEEDED IF YOU ENTER MORE THAN ONE ENTRY.**