

QUILTS ON THE ROCKS 2015 -INTAKE FORM

Quilted Item: _____ Stitchery Item: _____ Membership # _____

Entrant's Name _____

Phone Number _____ or Email Address _____

Item Description _____

*Please note: A separate form must be completed for each item entered in Quilts on the Rocks

If you are **not** going to pick up your own item, please specify name of person designated to pick it up:

Received by _____

(Committee Member)

.....
TO BE COMPLETED WHEN ITEM IS RETURNED:

Signature confirming that item has been picked up:

(Guild Member or Designate)

COMMITTEE COPY

.....

QUILTS ON THE ROCKS 2015-RECEIPT FOR ITEMS

Quilted Item _____

Stitchery Item _____

Membership # _____

Entrant's Name _____

Phone Number _____ or Email Address _____

Item Description _____

**THIS RECEIPT MUST BE PRESENTED TO PICK UP ITEMS
ITEMS MUST BE PICKED UP AFTER THE SHOW IS DISMANTLED
STARTING AT 4:30 PM SUNDAY, OCTOBER 4, 2015**

ENTRANT'S COPY