2027 HEART OF ARKANSAS QUILT SHOW EXHIBITOR REGISTRATION FORM

Please Print:

Name _____

Phone _____ Cell _____ Email _____

Quilt Title _____

Quilt Category _____ (Enter the letter of the category.)

Dimensions _____ inches wide (side to side) _____ inches long (top to bottom) _____ inches perimeter

Pattern source: (Please credit designer, magazine, book, class, etc. if known _____

_____

Please check one: ( ) Hand Quilted ***OR*** ( ) Machine Quilted

Quilted By: _____

Description of item (Please print legibly): _____

_____

_____

_____

_____

Is this quilt for sale? _____ Price: $_____

RELEASE OF LIABILITY AGREEMENT:

I, _____, understand that the Saline County Quilters' Guild (SCQG) will take every precaution
(Please print your name)

to safeguard my quilt(s) during this event, but that neither the SCQG, Heart of Arkansas Quilt Show, nor Illine Smith's household, nor the City of Bryant Bishop Park will be held liable for loss or damage while in their possession. Accordingly, insurance for any loss or damage is my responsibility. I release my quilt(s) to the Saline County Quilters' Guild Heart of Arkansas Quilt Show having read and fully understanding the show criteria and conditions I agree to hold the SCQU, Heart of Arkansas Quilt Show, Illine Smith's household and the City of Bryant Bishop Park harmless.

Signature: _____ Date: _____

I AUTHORIZE _____ to pick up my quilt after the show.