

Matthews Alive Quilt Exhibit September 2-4th, 2017 QUILT EXHIBIT ENTRY FORM

Name:	Pho	one:	
Quilt Name:		Quilt size	
		ilted by:	
E-mail:		<i></i>	
Please include a photo with	h your entry form.	. Please include a brief inspiration for the qui	ilt on
		nilt! Please mail your completed entry form wi	
photo to Megan Shein, 480	1 Hickory Lake L	Ln., Matthews, NC 28105, or email to	
sheinmm@gmail.com no la	ater than July 15 th .	h, 2017. We do have a limited number of quilt	is we
can accept and we need ent	tries on a timely b	pasis for space consideration.	
•	_	a minimum of a three-hour "Quilt Guardia	n"
shift. Please indicate belov	w which day and	d time you will be able to volunteer!	
G . 1 0/2	1 0/2	N. 1 0/4	
Saturday, 9/2 Sun	•	Monday, 9/4	
12pm-3pm	m-4pm, m-6pm	11am-2pm	
		at the Matthews Community Center.	
Center Hours: Sat. 12:00 pm-6:00 PM, Sun. 1:00-6:00 PM, Mon. 10:00 am- 4 PM.			
	50 pm 5100 1112, k	24.1. 21.00 0.00 2 1.2, 1.20.1. 20.00 4.1. 1 2 1.2.	
Quilts are to be delivered to Quilt Patch Fabrics (704) 821-7554 between August 21st-26th, 2017.			
		with your name and entry form attached. All quilts m	
		mes. Sleeves may be pinned on. Please make sure bo	
longer than 90", first come, first		e from the front of the quilt. We are limited for space	on quiits
ionger than 70°, mot come, mot	n served:		
-	1	ept. 4th between 4:30-5:00 PM. at the Matthews Co	•
	th the quilt display a	and or Matthews Alive will be responsible for quilts n	ot picked
up. I hereby agree to release and	l hold harmless Ma	atthews Alive, Inc., it's employees and volunteers	from any
• 0		property or for any personal injury which the exl	
	_	ile participating in the Matthews Alive Festival.	
<i>Signed:</i>	D	Dated:	. -

(This application must be signed and dated for processing)