



CQC Show & Tell Form

Registry Number _____ Today's Date _____
 Shown by _____ CQC Member Guest
 Present Owner _____ Home Phone (____) _____
 Address _____ Work Phone (____) _____
 City _____ State _____ Zip _____
 email address: _____

Permission to photograph quilt. Please sign here: _____

Item shown: Quilt Wallhanging Clothing Other _____

Quilt name: _____

Pattern Name: _____ Pattern source: _____

Colors: _____ Size: (width x height) _____

Quiltmaker: _____ Place it was made: _____

Quilter (if other than the quiltmaker): _____

Where is the quilt signed? _____ How is it signed? _____

Purpose of quilt: _____

Construction: Hand Pieced Hand Appliqued Other _____

Machine Pieced Machine Appliqued

Quilting: Hand Machine Quilt as you go Tied Other _____

Are you willing to exhibit this item? Yes No

Awards: _____

Published: _____

Exhibited: When: _____ Where: _____

Additional Comments: _____

Will the quilt remain in your family? Yes No

Who is designated to care for the quilt? Name: _____

Address _____ Phone _____