

PICKUP RECEIPT

(Keep for pickup identification)

Name _____

Address _____

Category _____

Size: Height _____ Width _____

Name of item _____

Pick up is at 4:45 pm, Sat. Sept. 18

QUILT IDENTIFICATION TAG

Name _____

Address _____

Category _____

Size: Height _____ Width _____

Name of item _____

Safety pin tag to back lower right corner

NORTHERN LIGHTS QUILT SHOW 2010

Acquisition Form

Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Category _____ Size: Height _____ Width _____

Quilt Name _____ Year Made _____

Pattern Name _____

IF DIFFERENT FROM EXHIBITOR/OWNER:

Name of Maker _____

Name of Quilter _____

Description, history, fun facts _____

I hereby release the NLQG, City of Ironwood and the Fabric Patch from any responsibility for the above item.

Signature _____ Date _____

(Sale of quilts will be by Northern Lights Quilting Guild members only)