

EXHIBITOR REGISTRATION FORM

Please return the form by **November 15th** to **Sue Craffey, 534 Beaver Meadow Road, Higganum, CT 06441**

Please fill out a separate registration form for EACH ITEM to be shown, even if you have shown it in previous years. More registration forms can be downloaded from the church's website, www.haddamchurch.org

Name _____ Address _____

Phone: _____ Cell Phone: _____ E-mail: _____

QUILT INFORMATION

Made by: _____ Date: _____ Colors: _____ Where made: _____

The quilt's story: _____

Size: (please circle) full queen king baby quilt throw wall hanging other _____

May we hang the quilt carefully pinned over a quilt pole? _____

May we pin a registration number on the quilt? _____ Is the quilt for sale? _____ Selling price: \$ _____

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Register additional quilts on the back.

Register additional quilts below. (FILL OUT OTHER SIDE FIRST)

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