

Miami Valley Art Quilt Network Quilt Submittal/Registration Form

Show Name:

Show Date:

Artist:

Phone:

Address:

City, State & Zip:

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1. I grant permission to MVAQN to photograph my entry and display these on their website, social media, and any advertising or promotional materials. I also understand and accept that the exhibit visitors are permitted to photograph quilts on display.
 2. I understand that while the MVAQN will take precaution to ensure the safety of my quilt(s) MVAQN will not be held responsible for loss or damage to the entry. The responsibility and decision to insure the quilt(s) is up to me.

Signature of Entrant _____ Date _____

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Title of Quilt:

Size: h x w x d

Construction Methods:

Materials:

Date Completed:

Price: (if for sale)

Insurance value:

Artist's Notes: