2019 Florida State Fair

Quilt Information Form

PLEASE COMPLETE THIS FORM AND BRING IT WITH EACH ENTRY.

OFFICE USE ONLY

Exhibitor #

Entry #

Exhibitors Name (First, Last)

Name of Longarmer (First, Last)

Name of Book or Pattern

Date Quilt was made

Additional Information:

In the space below please provide any additional information that the judge(s) may find helpful to know when judging your quilt.

Signature of exhibitor

Date