



2020 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: <i>In the space below please provide any additional information that the judge(s) may find helpful to know when judging your quilt.</i>

Signature of exhibitor

Date