



# 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:**

*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