



Colorado Quilting Council

Show and Tell

Meeting Location: _____

Date: _____

Owner: _____ Shown By: _____

CQC Member Guest

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Do you want a copy of the photo emailed to you Yes/ No _____

Quilt Wallhanging Clothing Other

Quilt or item name: _____

Pattern Name: _____ Size: _____

Colors: _____

Item Made By: _____ Quilter (if other than quiltmake) _____

Is the item signed Yes / No _____ How? _____

Purposed of the item: _____

Construction of the Item:

Hand Pieced Hand Appliquéd Other

Machine Pieced Machine Appliquéd

Hand Quilted Machine Quilted Tied Quilt as you go

Are you will to exhibit this item Yes/ No _____

Any awards Yes/No _____ Type: _____

Exhibited When: _____ Where: _____

Published: _____

Will this item remain in your family Yes/ No _____

Who is designated to care for this items _____

Additional Comments

Release

I hereby authorize Colorado Quilting Council, hereafter referred to as "CQC", to publish photographs taken of my item on this date and year for use in the CQC's online, website, and newsletters, as well as other CQC publications.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in CQC materials or other CQC publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

Authorization

Signature : _____ Date: _____