

ENTRY FORM - please print

Please complete and return your entry to
Braidwood Quilters Inc.
PO Box 135 BRAIDWOOD NSW 2622

Your Name	
Address No & Street	
City	Post code
Phone	
Email	
No of quilts	

(Number your labels accordingly)

ACKNOWLEDGEMENTS

I acknowledge that (please tick)

I have read the Terms and Conditions of Entry

I am responsible for all packaging, labelling and shipping of entries and insurance of the work(s)

Entries may be collected on 26 November after 5.30 pm or arrangements made for the return of the quilts at my expense

Signature

Date

If hand delivered / by courier, delivery dates:

Friday, 28 October 2016
Tuesday 1 November 2016
13 Coghill St Braidwood NSW 2622

Please complete a label for each entry and attach each securely; Use more forms if more than 6 entries

Your Entry No	
Your Name	
Title of entry	
Dimensions	
Sale price	
Description of materials and techniques used	
Office use only	

cut here

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Contact - p: 0458 605 786
e: contact@braidwoodquiltevent.org.au