

The 2025 CHALLENGE -- "LEST WE FORGET – FABRICS OF OUR LIVES"

MUNCY HISTORICAL SOCIETY (MHS) – TEXTILE(S) REGISTRATION

www.MuncyHistoricalSociety.org (570) 546-5917 MuncyHistorical@aol.com Entry # _____ (MHS)

Registration form(s) & quilt entry(ies) must be received at the Muncy Historical Society, 40 N. Main Street, Muncy, PA 17756 from June 2 through the 6th, from 9 a.m. to noon, or by appointment.

Quilts must have a 4-6" wide sleeve attached to the back (antique quilts excluded; will be hung using straight pins)

Please Print ... This form may be photocopied.

Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

SELECT YOUR CATEGORY

IS THIS A CHALLENGE QUILT ENTRY? _____ YES

Miniature _____
Length plus width _____
No more than 48"

Wall Hanging _____
Length plus width _____
no more than 120"

Bed _____
Width 61-100"

Any other techniques apply: Embroidery _____ Trapunto _____ Needlework _____ Other _____
Type of Quilting: Hand _____ Stationary Machine _____ Longarm/Midarm Machine _____ Tied _____
Embroidery Machine _____ Stitch Regulator _____ Computer Assisted Stitch Software _____

Coverlet Entry? _____

Wearable Art Entry? _____

Please tell us about your entry & if it's a challenge quilt, tell us its story.

Name/Description of Entry: _____

Pieced by: _____

Quilted by: _____

Description of Textile for Show Tag: _____

If a pattern ... Design Pattern Source: _____
Original interpretation of traditional pattern: _____ Original artwork: _____ Pattern(s) used: _____ Design inspired by another source (Block-of-the-Month, Kit, etc.) _____

I wish to enter the above item and agree to abide by the quilt contest rules and decisions of the judges. I understand that MHS will take every precaution to protect my quilt exhibited in this show. I will hold MHS blameless for fire, theft, or damages due to "acts of nature" and circumstances beyond their control. If my quilt is exhibited in the MHS Show, I understand that my signature gives MHS the right to use photographs of my quilt for publicity, advertising, or promotional purposes.

Signature: _____ Date: _____

*****Do Not Write Below this Line*****

TEXTILE EXHIBIT TAG/RETURN CONFIRMATION

Entry # _____

Fill out this form to register your quilt – one form per quilt. Your entry into the Quilt Show will be assigned an entry number.

Quilt Rec'd/MHS: _____ Returned/Owner's Signature: _____

PICK-UP: EXHIBITED QUILTS WILL BE AVAILABLE FOR PICK-UP ON SATURDAY BETWEEN 3:30 AND 4:00 P.M.
OR BY APPOINTMENT AT THE MUSEUM.