

# "Yes Mam!"<sup>®</sup> Mammogram Challenge

Quilt # \_\_\_\_\_

"YES MAM!"<sup>®</sup> ENTRY BLANK TO ACCOMPANY SLIDES/CD

*YOU SHOULD PHOTOCOPY THE COMPLETED FORM FOR YOUR RECORDS.*

SUBMITTED BY:

NAME/NAMES \_\_\_\_\_

STREET \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_  
(area code) (area code)

ORIGINAL DESIGN  YES  NO  
FIRST QUILT MADE  YES  NO  
GROUP QUILT  YES  NO

NAME OF QUILT \_\_\_\_\_

SIZE IN INCHES \_\_\_\_\_  
(width x length)

PIECED BY \_\_\_\_\_

QUILTED BY \_\_\_\_\_

BRIEF DESCRIPTION FOR SHOW BOOKLET, YOU MAY USE A SEPARATE SHEET OF PAPER IF YOU CHOOSE:

ENTITY FOR WHICH FUNDS WERE RAISED, include name of contact person, name of entity, address, city/state/zip, phone/fax #s, e-mail.

APPROXIMATE INSURANCE VALUE \$ \_\_\_\_\_

By entering the above item I/we agree to abide by all the rules and decisions of the judges. I/we understand that Quilters' Heritage Celebration will take every precaution to protect and safeguard my/our quilt, but realize that they cannot be responsible for acts of nature beyond their control. I/we also give permission to Quilters' Heritage Celebration to photograph this quilt and use it in any publication, advertising or promotional material they choose. PLEASE NOTE: If you should win a monied prize award, you will be asked for your social security number for tax reporting purposes.

SIGNATURE/S \_\_\_\_\_

DATE \_\_\_\_\_

## OFFICE USE ONLY

QUILT NUMBER \_\_\_\_\_

DATE REC'D \_\_\_\_\_

HOW SHIPPED \_\_\_\_\_

AMOUNT OF RETURN POSTAGE \$ \_\_\_\_\_