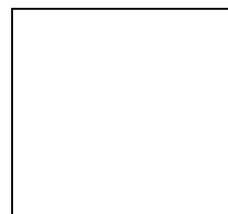


HEART OF OHIO QUILTERS GUILD

2011 CHALLENGE ENTRY FORM



PARTICIPANT NUMBER
(assigned by Challenge committee)

Information about your project:

Title of Project _____

Size _____ Is this your first Challenge? Yes ___ No ___

Techniques used:

- Piecing _____
- Paper Piecing _____
- Hand Appliqué _____
- Machine Appliqué _____
- Hand Quilting _____
- Machine Quilting _____
- Other (specify) _____

Please cover the label on your project and put your project in a paper bag. Print and fill in this form, and turn it in with your project at the Challenge table between 6:30 and 7:00 p.m. on Tuesday, November 15. *Queen Sapphire thanks you for your participation!*

YOUR NAME _____ Entry #

