## **Challenge Entry Form** (one to be completed for each entry and returned by the end of October)

## PLEASE KEEP A COPY OF THIS FORM SO THAT YOU HAVE THE TERMS OF ENTRY TO HAND

Name: group:					
Address:					
	postcode	ph	none no		
mobile no		<u>Email</u> :			
Has anyone else been how and with their na		-	e? NO / YES	IF yes please	specify briefly
Name of item: (Your q	uilt Title)				
Category: (please circ large Wall-hanging	cle ONE) Bed Wearable Art	Cot/Lap Bag/box	Novelty Cushion	Miniature (other	
Is your piece square/re note: all hanging iten please draw/sketch the mark all relevant dime in inches please	ns must have a 4" h	_	r (please spec	ify	)
Description (inc. main	colour: design soui	rce/inspiration:	credits. Abou	t 40 words)	
is the item for sale? N	-	_		nmission to Oa	•
j.k.hoyle@gmail.cor I will confirm receipt - You will be asked to po 1.00 and 1.15 p.m. or	m mob. 07 (if you haven't hea ut a number on the	7969 156186 rd within a wee piece before de	k feel free to r elivery to St Ar	ing me to chec	k!)