Ohio State Fair Creative Arts

# QUILT & WALL HANGING DESCRIPTION SHEET

(Must be typed. Disqualification will result if not typed)

Exhibitor #: _____ Class #: _____ Date: _____

Complete the questions listed below. This sheet must be pinned (front bottom right hand corner) to the quilt or wall hanging along with the entry tag. This sheet will stay on the quilt/wall hanging, for all to view, throughout the Fair.

Names of quilters (Class 6 and 7): _____

_____

_____

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Name of professional quilter (Class 7): _____

Name of Quilt/Wall Hanging (pattern style): _____

Age of Quilt/Wall Hanging: _____

Other information about the Quilt/Wall Hanging that would be interesting or useful: _____

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For Office Use Only

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