

**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 _____ Wall Hanging _____ Bed _____
Length plus width _____ Length plus width _____ Width 61-100"
No more than 48" _____ no more than 120" _____

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.