

# Quilt Auction Item Entry Form

RHSHC Hospital Auxiliary Quilt Auction – August 24, 2024

**(PLEASE ATTACH ME TO YOUR DONATED ITEM)**

Please fill out the entire entry form and attach to your item. Each item needs a separate entry form.

**Deliver or send your item(s) to RHSHC Auxiliary (address below) by Tuesday, August 6, 2024.**

**Quilts received after August 6<sup>th</sup> will be held over for the Quilt Auction in 2025.**

Donated by: \_\_\_\_\_ Made by: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

1. Name of your quilt or the design \_\_\_\_\_

2. Size of your quilt \_\_\_\_\_

3. Cost of quilt/item, materials and supplies (needed for Auxiliary tax/IRS information)

4. **Please circle your item:**

Bed quilt

Baby quilt

Afghan

Quilt racks or hangers

Lap robe

Wall hanging

Table runner

5. Brief description of your item: \_\_\_\_\_

6. **Circle one:**      hand quilted                  machine quilted                  hand tied

7. Did you use a cheater print material?      Yes      No

8. What kinds of fabrics were used? \_\_\_\_\_

9. What kind of filling was used? \_\_\_\_\_

11. Please help the buyer by sharing how to clean your quilt (**pin the laundry instructions on the quilt or include instructions with this form**)

12. If quilt is over 30 years old, please write the history on the back of this form.

**Additional entry forms may be printed from the website: [www.rhshc.com](http://www.rhshc.com).**