Rocky	Mountain Wa Shonaji Quilt Guild	
SUBMIS	<u>www.washonaji.org</u> SION/RECEIPT/ACCEPTANCE/RETURN FORM	
Name of Exhibit: FRCQ Trunk Sł	Exhibit Date: 17 June 2024	
Artist Name:	Phone:	
-	Name of Quilter (if artist did not quilt):	
	Dominate Color	-
Inspiration/Description(techniques	s) of quilt	
Does each piece have a sleeve and l	abel?	
Does the quilt bag (s) have a label/	your name?	
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