

**PLEASE ATTACH THIS FORM TO THE
OUTSIDE OF THE SACK CONTAINING YOUR QUILT(S).
Deliver your quilt(s) to the Church Office Tuesday--Friday, 9 am--noon.
Please have your quilt(s) delivered by the Sunday prior to Quilting Workshop**

ZION MENNONITE QUILTING WORKSHOP

COLLECTION RECEIPT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

Names of Quilts

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

I hold the Zion Mennonite Church harmless for damage or the disappearance of quilts and related items while they are on display for the Quilting Workshop.

Signature of owner _____ Date _____

Persons other than owners picking up quilts after the workshop will sign here:

Signature _____

Quilt Registration

Name of Quilt: _____

Made by: _____

Year: _____ Size: _____

Owned by: _____

Comments: _____

Please complete two forms per quilt. Give one copy to the Church Office and attach the other to your quilt. Deliver your quilt(s) to the Church Office by the Sunday prior to Quilting Workshop

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