



### Individual Entry in the Group Display

Group Name: _____	Group Coordinator _____
Exhibitor Name: _____	Telephone: _____
Address: _____	City _____
Province: _____ Postal Code: _____	e-mail: _____
<b>Title:</b> _____	
<b>Story:</b> (Please print clearly, 25 words or less) _____ _____ _____ _____ _____ _____	<b>Category:</b> <input type="checkbox"/> Double-King <input type="checkbox"/> Twin <input type="checkbox"/> Lap/Crib <input type="checkbox"/> Large Wall <input type="checkbox"/> Small Wall <input type="checkbox"/> Miniature <input type="checkbox"/> Table Topper <input type="checkbox"/> Other _____
	<b>Commercially Quilted?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, by: _____

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