QUILTERS GUILD OF SOUTH AUSTRALIA INC. ABN 95 168 292 747

AFFILIATED GROUPS - RECORD OF EXHIBITORS

GROUP NAME: _____ **Group number:** _____

DATE/S OF EXHIBITION: _____ **Receipt number for Exhibition Insurance:** _____

INSTRUCTIONS:

- List each exhibit with a number, maker's name, brief description and value
- Make sure each quilt is receipted on delivery at the collection point
- Ensure that exhibitors or their nominees sign for each quilt on collection at the end of the show
- Keep a copy of this form in a secure place, NOT at the exhibition site
- You are NOT required to send a copy to the Guild but in the event of a claim, the record could be helpful in providing details for proof that an item was actually part of the exhibition.

Exhibit No	Exhibitor's name	Brief description	Value	Received by	Collected by
e.g. 1	Mary A…..	Ohio star, green and cream, machine pieced and quilted	$250	Jane B…..	Mary A…..

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