

NAME: _____

PHONE: _____

***** THIS FORM MUST BE MAILED /EMAILED NO LATER THAN, Wednesday, September 29, 2021*****

- I hereby grant permission for Madison Area EGA to photograph Needle Art submitted for the 2021 Needle Art Show to be used for the future website (such as feature images & gallery) and social media features (such as Facebook)

TITLE: _____ PATTERN SOURCE: _____

VALUE OF PIECE: _____ TECHNIQUE(S) (please circle all that apply and list subcategories)*

(optional): Material Cost: \$ _____
 (See Note Below) Finishing Cost: \$ _____
 Labor Cost: \$ _____
 (hours [max. 100] x \$7.25)
Total Cost: \$ _____

Surface Embroidery _____ / _____ Canvas Work _____
 Dimensional Stitching _____ / _____ Temari _____

DESIGN CATEGORIES (please circle one only) Counted Thread & Blackwork _____ Drawn & Pulled Thread _____

Adaptation Class Project

Commercial Commercial Adaptation

Original Props

*(Refer to techniques' chart on back for subcategories)

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You are responsible for picking up your own pieces at the end of the show. If someone else is picking them up, please provide name: _____ phone: _____

NOTE: Please complete the following if you DO NOT wish to calculate the value of your piece(s) for insurance purposes: The Embroiderers' Guild of America, Inc. Waiver of Appraisal of Fine Arts Form

It is mutually understood and agreed that I, _____ have knowingly and willingly chosen to exclude my embroidery pieces from the coverage afforded the EGA, its regions, its chapters, and its members for exhibition located at **Lutheran Church of the Living Christ, 110 N. Gammon Road, Madison, WI** for the period of **October 15-17, 2021**. I hereby acknowledge my awareness that coverage for my embroidery pieces is available under the EGA national insurance program, but I have voluntarily chosen not to complete the Individual Appraisal of Fine Arts form (above), thereby voluntarily excluding any and all of my exhibited pieces of embroidery from coverage offered under the EGA national insurance program.

Signed this _____ day of _____, 2021. Accepted _____ Madison Area EGA
(Member / Exhibitor)

[] Please check here if you **DO NOT** want to have the insurance coverage.

Mail forms to: Barb Bowman, 2956 Fern Dr., Sun Prairie, WI 53590 or email: babowman51@yahoo.com