

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

**\*\*\* THIS FORM MUST BE MAILED / EMAILED NO LATER THAN, Saturday, October 8, 2022\*\*\***

TITLE: \_\_\_\_\_

PATTERN SOURCE: \_\_\_\_\_

**VALUE OF PIECE:**

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

**TECHNIQUE(S)** (please circle all that apply and list subcategories)\*

Surface Embroidery \_\_\_\_\_ / \_\_\_\_\_ Canvas Work \_\_\_\_\_  
 Dimensional Stitching \_\_\_\_\_ / \_\_\_\_\_ Temari \_\_\_\_\_

**DESIGN CATEGORIES** (please circle one only)

Adaptation Class Project  
 Commercial Commercial Adaptation  
 Original Props Chapter Project

Counted Thread & Blackwork \_\_\_\_\_ / \_\_\_\_\_ Drawn & Pulled Thread \_\_\_\_\_ / \_\_\_\_\_

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

TITLE: \_\_\_\_\_

PATTERN SOURCE: \_\_\_\_\_

**VALUE OF PIECE:**

(optional:) Material Cost: \$ \_\_\_\_\_  
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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 21-23, 2022**. 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 \_\_\_\_\_, 2022. 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**