

## 2024 CALENDAR SUBMISSION FORM

Quilt made by:

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Quilting done by:

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Any pattern accreditation:

\_\_\_\_\_  
\_\_\_\_\_

Photograph:

Location taken: \_\_\_\_\_

Month taken: \_\_\_\_\_

By Whom: \_\_\_\_\_

Forms and photos can be submitted to [wqgcalendar@gmail.com](mailto:wqgcalendar@gmail.com). Hardcopy versions of this form will be available at meetings.