



Tuesday 16<sup>th</sup> June to Thursday 18<sup>th</sup> June 2026  
**Patchwork and Quilting Entry Form**

**Section 21**

You need **one** Form for **each** Quilt entered

Please return this completed Form with your Entry Fee by  
**No later than 4pm Friday 5th June**

Please read this form carefully  
**PRINT CLEARLY** when filling in each section

**Entry Fee: \$2.00 (one entry per form)**

**Entrant's or Group Name:**

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> <i>Please Tick</i>	<b>Name:</b>	
<b>Phone/Mobile:</b>		
<b>Email:</b>		

**QUILT DETAILS.**

Quilt Title:

\_\_\_\_\_

Size: Width \_\_\_\_\_ cm Length \_\_\_\_\_ cm

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

Class: \_\_\_\_\_

Quilted on Machine: Brand: \_\_\_\_\_ Model: \_\_\_\_\_

Quilted by: (Tick one) Self: \_\_\_\_\_ Commercial Quilter: \_\_\_\_\_

Is your quilt an original design? (Tick one) Yes:  No:

If NO, is it from a

Publication: \_\_\_\_\_ Kit/Block of Month: \_\_\_\_\_ Class/Workshop: \_\_\_\_\_ Pattern: \_\_\_\_\_

Details of above option

**More Entry Details Continued next page.....**

**Quilt maker's inspiration:** (Less than 40 words)

Attribute all sources and inspiration. This information will be displayed on your quilt.

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**Signature(s)**

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**Entrant**

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Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Second Entrant**

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Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patchwork & Quilting

**Payment Details next page.....**

**Payment by:**

Cheque

Cash

Direct Online

MasterCard

Visa

Card Number																	
Expiry Date	__ / __						Amount	\$									
Cardholder Signature							Date	__ / __ / __									

**Bank Details for Online Payment:**

Account Name: Mackay Show Association

BSB: 034-195 ACC: 130600

Ref: Name OR last four digits of phone number

**You must use a reference so that we can trace your payment.**

**Please forward your entry form to:**

**Post:**

Mackay Show Association  
PO Box 1014  
MACKAY QLD 4740

**Deliver:**

Mackay Show Association  
24 Milton Street  
MACKAY QLD 4740

**Phone/Fax/Email**

Phone: 07 4957 3916

Fax: 07 4953 4524

Email: [reception@mackayshow.com.au](mailto:reception@mackayshow.com.au)

**Privacy Statement:** The information provided by you in application to enter is used by the Mackay show Association to offer services or to organise and conduct competitions at the Mackay Show. By entering our competitions, you consent to provide such details as your name, address and exhibit details. Competition information may be made available to the media and be included in Mackay Show publications. Your information will not be disclosed without your consent for any other purpose unless required by the law.

Signature: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_

Please accept my above entries subject to the Conditions of Entry and competition regulations. I agree to indemnify the Mackay & District Agricultural, Pastoral and Industrial Association against liability to any accident, damage, loss or illness to any exhibit, exhibitor or competitor and agree that all competitions are under the complete and total control of the Mackay Agricultural, Pastoral and Industrial Association whose decision in all matters is final.

**Office Use Only**

Entry Accepted _____	Entry Entered _____
Notes: _____	
_____	