

Quilters' S.O.S. – Save Our Stories
A project of The Alliance for American Quilts
Participant and Quilt Information Form

Participant ID Number _____

Participant Contact Information: PLEASE PRINT

(Name) _____

(Address) _____

(Telephone) _____

(E-mail) _____

Quilt Information:

Maker of Quilt: _____

Title of Quilt: _____

Date made (approximately): _____

Where it was made: _____

Dimensions of quilt (height x width): _____