

OAAS District Quilt Competition

MACHINE QUILTED QUILTS



District # _____ Date of Completion: _____

Judges: _____

First Prize Winner:

Name:

Entered in Competition By (Name of Fair): _____

Pattern Name:

Second Prize Winner:

Name:

Entered in Competition By (Name of Fair): _____

Pattern Name:

Third Prize Winner:

Name:

Entered in Competition By (Name of Fair): _____

Pattern Name:

District is asked to return this form immediately following your District Competition
Please return this form immediately following your District meeting
by mail or email to: OAAS, 285 Main St, Glencoe, ON N0L 1M0.
convention@oaasfairs.com or Fax: 519-287-2000

District Director Signature

**OAAS District Quilt Competition
FOR HAND QUILTED QUILTS**



District # _____ Date of Completion: _____

Judges: _____

First Prize Winner:

Name: _____

Entered in Competition By (Name of Fair): _____

Pattern Name: _____

Second Prize Winner:

Name: _____

Entered in Competition By (Name of Fair): _____

Pattern Name: _____

Third Prize Winner:

Name: _____

Entered in Competition By (Name of Fair): _____

Pattern Name: _____

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BUTTER TARTS & CHOCOLATE CHIP COOKIE

District # _____ Date of Completion: _____

CHOCOLATE CHIP COOKIE WINNER

Judges: _____

Name of Winner:

Fair Represented:

BUTTER TARTS

Judges: _____

Name of Winner:

Fair Represented:

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DISTRICT POSTER COMPETITION

JUNIOR POSTER

1st Place - Name: _____

Fair: _____

INTERMEDIATE POSTER

1st Place - Name _____

Fair: _____

SENIOR POSTER

1st Place - Name: _____

Fair: _____

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