

OAAS District Quilt Competition

MACHINE QUILTED QUILTS



District # _____ Date of Completion: _____

Judges: _____

First Prize Winner:

Name:

Entered in Competition By (Name of Ag Society): _____

Pattern Name:

Second Prize Winner:

Name:

Entered in Competition By (Name of Ag Society): _____

Pattern Name:

Third Prize Winner:

Name:

Entered in Competition By (Name of Ag Society): _____

Pattern Name:

The district is asked to return this form immediately following your District's 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

District Director Name

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



District # _____ Date of Completion: _____

Judges: _____

First Prize Winner:

Name: _____

Entered in Competition By (Name of Ag Society): _____

Pattern Name: _____

Second Prize Winner:

Name: _____

Entered in Competition By (Name of Ag Society): _____

Pattern Name: _____

Third Prize Winner:

Name: _____

Entered in Competition By (Name of Ag Society): _____

Pattern Name: _____

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District Director Name



BUTTER TARTS & CHOCOLATE CHIP COOKIE

District # _____ Date of Completion: _____

CHOCOLATE CHIP COOKIE WINNER

Judges: _____

Name of Winner:

Ag Society Represented:

BUTTER TARTS

Judges: _____

Name of Winner:

Ag Society Represented:

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MAPLE SYRUP & HONEY

District # _____ Date of Completion: _____

MAPLE SYRUP WINNER

Judges: _____

Name of Winner:

Ag Society Represented:

HONEY WINNER

Judges: _____

Name of Winner:

Ag Society Represented:

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