

Make It With Wool National & State Entry Form

Name: _____
 Address: _____ City: _____ Zip: _____
 Phone #: (Home) _____ (Cell) _____ Email: _____

Age Category (your age on 1/1/17): Date of Birth: _____ Age on 1/1/17: _____ Male/Female: _____
 _____ Pre-teen (12 & under) _____ Junior (13 – 16)
 _____ Senior (17 – 24) _____ Adult (age 25 & older)
 _____ Made for Other Modeled by: _____

Garment to be entered: _____
 _____ 1 Piece Garment _____ 2 Piece Outfit _____ Ensemble – 3 or more garments
 Pattern Company: _____ Pattern #: _____
 Pattern Company: _____ Pattern #: _____
 Pattern Company: _____ Pattern #: _____
 Sewing machine used: _____ Serger used: _____
 Number of Yards of Wool Fabric Used: _____ Number of Skeins of Wool Yarn Used: _____
 My fabric(s)/yarn(s) have been tested at the Yocum-McColl Testing Laboratory: _____ Yes _____ No
 If Yes, Lab Test Number: _____ % Wool: _____
 Lab Test Number: _____ % Wool: _____

Mail FIRST copy of this form and:

- 5”x 5” sample of each piece of wool fabric used (If your entry is knitted, crocheted, or hand-woven, attach a 5” x 5” sample and label from skein of yarn.)
- \$12 for National Entry

TO: National Make It With Wool
 P.O. Box 123
 Albany, OH 45710

Mail SECOND copy of this form and:

- 5”x 5” sample of each piece of wool fabric used (If your entry is knitted, crocheted, or hand-woven, attach 30” of each yarn used.)
- \$8 per fabric/yarn swatch for testing
- \$15 for State Entry

TO: Wisconsin Make It With Wool
 N35W29202 North Shore Drive
 Pewaukee, WI 53072

In consideration of my being admitted to compete in MIWW, I agree to abide by the rules set forth in the official entry brochure and by the rules & regulations made by those in charge. I will accept the decision of the judges as final. I further agree that those in charge shall have the right to eliminate me if I fail to comply with said rules. I hereby certify that I personally made this garment. It is my own workmanship and is made from a minimum of 60% wool. MIWW will not be held responsible for loss or damage to garments.

 Contestant's Signature Parent or Legal Guardian (if minor)

Wisconsin Novelty Entry Form

Name: _____
 Address: _____ City: _____ Zip: _____
 Phone #: _____ Email: _____

Check Category:
 _____ Class A: Novelty for Youth
 _____ Class B: Novelty Items for Adults

Item Description: _____

Entry Fee: \$15.00 payable to WI MIWW (non-refundable)
 Entry can be individual or group, all ages
 One Entry Form & Entry Fee per item
 Mail to: Wisconsin Make It With Wool
 N35W29202 North Shore Drive
 Pewaukee, WI 53072

In consideration of my being admitted to compete in MIWW, I agree to abide by the rules set forth in the official entry brochure and by the rules and regulation made by those in charge. I will accept the decision of the judges as final. I further agree that those in charge shall have the right to eliminate me if I fail to comply with said rules. I hereby certify that I made this article. MIWW will not be held responsible for loss or damage to articles.

 Contestant's Signature Parent or Legal Guardian (if minor)

