

Make It With Wool National & State Entry Form

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

Age Category (your age on 1/1/19): Date of Birth: _____ Age on 1/1/19: _____ Male/Female: _____
Pre-teen (8-12) _____ Junior (13 – 16) _____ Adult (25 & older) _____
Senior (17 – 24) _____
Made for Other _____ Modeled by: _____

Garment to be entered (see “What Can I Enter?”): _____
_____ 1 Piece Garment _____ 2 Piece Outfit _____ Ensemble – 3 or more garments
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” swatch 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 215
Encampment, WY 82325

Mail SECOND copy of this form and:

- 5”x 5” swatch 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 (no fabric/yarn fee for pre-teens)
- \$15 for State Entry

TO: Wisconsin Make It With Wool
Wynn Wittkopf
N41W28899 Imperial 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: **\$5.00** 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/Wynn Wittkopf
N41W28899 Imperial 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 help responsible for loss or damage to articles.

Contestant's Signature

Parent or Legal Guardian (if minor)