### 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)  
- _______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:** _____  

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### 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

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### 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

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**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)**

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### 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

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**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)**