

# Wisconsin Make It With Wool Garment Entry Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Jan 1 of current year \_\_\_\_\_

**Age Division:** Check one only. Age division is determined by your age on January 1 of current year.

\_\_\_\_ Preteen (12 & under) \_\_\_\_ Junior (13-16) \_\_\_\_ Senior (17-24) \_\_\_\_ Adult (25 & older)

\_\_\_\_ Wearable Accessory \_\_\_\_ Made for Others, Modeled by: \_\_\_\_\_

**Garments:** Check one and list the piece(s) you are making:

\_\_\_\_ 1-Piece Garment \_\_\_\_\_

\_\_\_\_ 2-Piece Outfit \_\_\_\_\_

\_\_\_\_ Ensemble – 3 or more pieces worn at the same time \_\_\_\_\_

**Pattern(s), Machines, Wool Used:**

Pattern Co. & Number \_\_\_\_\_

Pattern Co. & Number \_\_\_\_\_

Pattern Co. & Number \_\_\_\_\_

Manufacturer of sewing machine used \_\_\_\_\_

Manufacturer of serger used \_\_\_\_\_

Number of yards wool/wool blend fabric used \_\_\_\_\_

Number of skeins wool/wool blend yarns used \_\_\_\_\_

**Fiber Testing:** All wool must be tested to ensure fabric/yarn is at least 60% wool fiber. Wisconsin MIWW volunteer Terri Dallas, tests all samples.

**Mail a copy of this form and the following to Terri by August 23, 2024:**

- a 5"x5" sample of each wool fabric and/or 36" of each yarn used
- a \$15 entry fee for each age division (Checks payable to: Wisconsin MIWW)
- Mail to Wisconsin MIWW, Terri Dallas, N5826 Wolf River Road, Shawano, WI 54166

**Mail a second copy of this form to Karen Weight, National MIWW with the following by August 23, 2024:**

- a 3"x3" sample of each wool fabric and/or 12" of each yarn used
- a \$12 entry fee for each Age Division or Category (Checks payable to: National MIWW)
- Mail to National MIWW, Karen Weight, 480 South 300 West, Salem, Utah, 84653

**Wool Testing Results (Office use only)**

Fabric/yarn #1 Lab Test Number \_\_\_\_\_ % Wool \_\_\_\_ Description of Wool

\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

Entry form may be copied as needed. Use a separate form for each entry.

**ENTRY FEES ARE NON-REFUNDABLE. YOUR ENTRY IS NOT COMPLETE WITHOUT ALL INFORMATION, FABRIC SAMPLES AND ENTRY FEES.** In consideration of being accepted to compete at any level (state or national) in the Make It With Wool program, I agree to abide by all rules set forth in the MIWW entry guidelines and the rules and regulations of those in charge. I will accept the decision of the judges as final. I further agree those in charge will have the right to eliminate me if I fail to comply with said rules. I

hereby certify I personally made this garment. It is my own planning and workmanship and is made from a minimum of 60% loomed, knitted, crocheted, woven, or felted wool fabric or yarn. MIWW is not responsible for late, misdirected, damaged or lost entries.

\_\_\_\_ I give MIWW permission to use photograph(s) of contestant for promotion of the MIWW contest.

Contestant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian signature (if minor) \_\_\_\_\_