

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 \$15 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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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) _____