



**2024 Pre-Appraisal Form**  
**September 26 - 28, 2024**  
**Ozark Empire Fairgrounds &**  
**Event Center E\*Plex - Springfield, MO**

Appointment Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Time: \_\_\_\_\_  
 For OPQG use only

**Pre-Appraisal Form to be filled out, in advance, by quilt owner. Use the back of this form, if needed, to answer any of these questions.**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Quilt pattern or design source \_\_\_\_\_  
 Dimensions of quilt \_\_\_\_\_  
 Maker's Name \_\_\_\_\_  
 Quilter's Name \_\_\_\_\_  
 Quilt History (Include date and place made if known) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Techniques (Check all techniques used in making this quilt)  
 \_\_\_\_\_ Machine piecing \_\_\_\_\_ Hand piecing \_\_\_\_\_ Machine quilting \_\_\_\_\_ Hand quilting  
 List any additional techniques \_\_\_\_\_  
 Type of batting used \_\_\_\_\_  
 List of embellishments \_\_\_\_\_

Estimated cost of materials used in construction \_\_\_\_\_  
 List any prizes this quilt has won \_\_\_\_\_  
 \_\_\_\_\_

List the places where this quilt was exhibited \_\_\_\_\_  
 Does (Did) the maker teach quilting or write anything about the quilt? \_\_\_\_\_  
 \_\_\_\_\_  
 Has the maker sold any quilts? \_\_\_\_\_  
 \_\_\_\_\_  
 How did you obtain this quilt? \_\_\_\_\_  
 \_\_\_\_\_  
 Do you know any other information about this quilt? \_\_\_\_\_  
 \_\_\_\_\_

Check if your quilt is entered in \_\_\_ Bed Turning \_\_\_ Judged category or \_\_\_ Non-Judged category  
 Check if you have a preferred date for your appraisal \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday  
 Check if you prefer an \_\_\_ AM or \_\_\_ PM appointment

Mail completed form to:  
 Susan Moran  
 5246 S Kissick, Springfield, MO 65804

Direct questions about Appraisals to:  
 Susan Moran  
 smhmoran@gmail.com