

# NATIONAL MAKE IT WITH WOOL ENTRY FORM: NATIONAL, STATE & DISTRICT

Name (type or print) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

District Number (if applicable) \_\_\_\_\_ Contest Date \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age on Jan 1 \_\_\_\_\_

**Age Division:** Determined by your age on January 1 of the current year.

- Preteen (12 & under)       Junior (13-16)  
 Senior (17-24)       Adult (25 & older)  
 Wearable Accessory       Made for others (garment)

*(not all states have all divisions)*

**Type of outfit you are making:**

- 1-Piece \_\_\_\_\_  
 2-Piece \_\_\_\_\_  
 Ensemble - 3 or more pieces \_\_\_\_\_

**Pattern(s) Used:**

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

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

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

Number Yards Wool / Wool Blend Fabric Used \_\_\_\_\_

Number Skeins Wool / Wool Blend Yarns Used \_\_\_\_\_

Sewing Machine Used \_\_\_\_\_

Serger Used \_\_\_\_\_

\_\_\_ My fabric(s) and yarns have been lab tested.     Yes  No

If Yes, \_\_\_\_\_ Lab Test Number \_\_\_\_\_ % Wool

\_\_\_\_\_ Lab Test Number \_\_\_\_\_ % Wool

**Mail the top copy of this form with:**

- a 5" x 5" sample of each wool fabric; 36" of each yarn
- a \$12 entry fee for each entry in all divisions
- to National MIWW • P.O. Box 123 • Albany, OH 45710

**Mail the second copy of this form with**

- fabric and yarn sample(s) to your State Director with applicable fees.

**Mail the third copy:**

- to the District Director (if applicable)

*Entry form may be copied as needed.*

*Use a separate form for each entry.*

*Read brochure for further details.*

**ENTRY FEES ARE NON-REFUNDABLE.**

**YOUR ENTRY IS NOT COMPLETE WITHOUT ALL  
INFORMATION, FABRIC SAMPLES AND ENTRY FEES.  
MIWW is not responsible for late, misdirected or lost entries**

In consideration of being accepted to compete at any level (district, state or national) in the Make It With Wool Program, I agree to abide by all rules set forth in the Official MIWW Entry Brochure and the rules and regulations of those in charge. I will accept the decision of the judges as final. I further agree that those in charge will have the right to eliminate me if I fail to comply with said rules.

I hereby certify that I **personally** selected and made this garment. It is my own planning and workmanship. My garment(s) are made from a minimum of 60% loomed, knitted, crocheted or felted wool fabric or yarn.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent or Legal Guardian if a minor

\_\_\_\_\_  
Date