Application for Barn Quilt Location

Date of Request:	
Individual/Group requesting Barn Quilt:	
Address of proposed site:	
Contact Person(s):	
Home Telephone:	Work Telephone:
Mobile Telephone:	E-Mail:
Mailing Address:	
City:	State: Zip:

In making this application, the undersigned agrees to accept the following conditions and requirements. **Please initial each line below to indicate your agreement:**

- ____ I/We will work with the Lincoln County Barn Quilt Committee to select the design and colors of the proposed barn quilt square.
- _____ I/We will contribute to the cost of the Barn Quilt. Each quilt is expected to cost \$1000.00.
- _____ The barn/building site is visible from the road or on a site that is frequently visited. The Lincoln County Barn Quilt Committee will have the final say as to the appropriateness of the site.
- _____ The quilt block will remain on the building at least 5 years. During the 5 years if circumstances of the family property change, I/we will contact the Lincoln County Barn Quilt Committee.
- ____ Quilt block will be included in promotional materials for the Lincoln County Barn Quilt Project, which may include promotions, tour maps, printed materials, etc.

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Additional Information:

This information is not required for the application, but is requested for use in print and web-based marketing of the Barn Quilts of Lincoln County Wisconsin project and any self-guided tours. By completing this information you are giving the Lincoln County Barn Quilt Committee permission to use it for the above purposes. Attach additional pages as necessary.

Farm/Property: How long has it been in the family? Who bought it? When?

Barn/Building: When was it built?

What was its original function? What is it used for now?

What materials is it constructed with?

Was the architecture determined by ethnicity or function of the barn?

<u>Miscellaneous History:</u> Please share any interesting stories about the barn, the farm, the area, your family.

If you have a quilt pattern in mind, please include the name and a copy of the pattern. All blocks used will need to be approved by the Lincoln County Barn Quilt Committee in order to maintain continuity, refrain from excess duplication and insure quality of the project.

Applicant's Signature:

Applicant's Name (Printed):

Return Completed Application To:

Barn Quilts of Lincoln County Attn: Debbie Moellendorf UW Madison Division of Extension Lincoln County 801 N. Sales Street, Suite 101 Merrill, WI 54452 For Committee Use Only

Date Received:

____Quilt Pattern Approved

___Quilt Location Approved