

## Clare County Quilt Block Trail Site Application

Sponsored by the Clare County Arts Council

Please use the back of this form to tell the story of your quilt block design.

If you use a block pattern from a family quilt, please include a photograph of the quilt.

Date \_\_\_\_\_

Person/group/business \_\_\_\_\_

Address \_\_\_\_\_

Telephone/cell phone/email \_\_\_\_\_

Site location address \_\_\_\_\_

Owner of site \_\_\_\_\_

Contact person \_\_\_\_\_

**BLOCK SIZE** (Please circle size) 2x2 4x4 8x8 other \_\_\_\_\_

**\$50** must accompany the application to be included in the Clare Count Quilt Trail brochure. Please make check payable to CCAC.

- I will work with the CCAC in developing a story about the block for the CCAC publications. No duplicates of existing quilt blocks allowed.
- I will not move or alter it in any way without agreement by the CCAC Quilt Trail committee.
- I will allow my barn/building to be photographed by the public and photos to be used by CCAC in promoting the Quilt Trail, with my name and/or my business name and address to be used on promotional materials and CCAC website.
- With exception of family or building name and date established, no other graphics, slogans or quotes may appear on the same side of the barn or building as the quilt block.
- Exceptions for business establishments may be discussed with CCAC.
- Blocks will be installed by recipient unless arrangements made for installation by Hogger's Custom Design at a cost determined on location site, size of building, whether using a step ladder or a crane. These costs run between \$50 and \$200.
- I agree to indemnify and hold harmless the Clare County Quilt Trail and the Clare County Arts Council including its officers, agents and employees for and against any and all claims, liabilities, losses and causes of action related to the quilt block.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name (Printed) \_\_\_\_\_

Signature of site Owner if different from applicant \_\_\_\_\_ Date \_\_\_\_\_

Owner's Name (Printed) \_\_\_\_\_

Send completed and signed application with check made payable to CCAC, to: P.O. Box 412, Clare, MI 48617

For committee Use: Date & Initial      CCAC Representative \_\_\_\_\_ Date \_\_\_\_\_

Application received \_\_\_\_\_ Interview completed \_\_\_\_\_ Site approval \_\_\_\_\_ Design approval \_\_\_\_\_ Installed \_\_\_\_\_