



Vision Quilt Project Agreement

VISIONQUILT

visionquilt@gmail.com
www.visionquilt.org

PO Box 3192
Ashland, OR 97520

Thank you for participating in the Vision Quilt!

We hope you can support our efforts by signing this agreement. *Your personal information will not be shared with any outside groups or organizations.*

In order to make your Vision Quilt panel part of our national project, the Vision Quilt Project will assume ownership of your panel. It reserves the right to display your panel visually and digitally, including in a variety of media. In order to maximize the number of people who see your work, we may transport and lend your panel to interested groups and organizations. We will store your panel and protect it to the best of our ability, but we cannot assume responsibility for loss or damage. We will send you email updates about the project as it makes its way across the United States. Thank you!

Signature of participating artist: _____ Date: _____

Signature of parent if artist is younger than 18: _____

Your name: _____

Street address/PO Box: _____

City _____ State _____ Zip Code _____

Email: _____

Phone: _____

In order to assist us in applying for grants, please fill out your age and ethnicity:

Age: _____

Ethnic Identification (optional): African American Latino Native American Asian
 Pacific Islander Caucasian Multi-ethnic Other

1. Name of your Vision Quilt panel (optional) _____

2. Please tell us about your quilt panel and why you wanted to make a panel.

THANK YOU SO MUCH for participating in the Vision Quilt!!!

We will send you email updates about the project as it makes its way across the United States.