

**The Beadworkers Guild 19<sup>th</sup> Annual Challenge  
Entry Form**

**Theme: 'Indian Summer'  
Deadline for entries: Saturday 7th April 2018**

*It is assumed that each entrant has **read and accepts** the rules and conditions for this competition.*

**Entry level**  
*please tick the appropriate box*

1 Beginner	2 Intermediate	3 Experienced	4 Previous winners of level 3	5 Group
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**Title of Piece**

Name..... *Tick box for type of receipt*

Membership No..... Tel. No.:.....  I enclose s.a.e for receipt by post

Email:.....  receipt by email please

Address:.....

..... Post Code: .....

*Group entries, please give the Group's name and the group organiser's details here and add names and membership numbers of all other participating members overleaf.*

**Entry Fee:** £10.00 (individual entry) / £20.00 (group entry) **plus return postage** of £..... for Special Delivery by Royal Mail (return postage is not required if the item is to be collected in person, see below)

**Payment options. Please delete/complete \* as appropriate:**

If you would prefer to give your card details over the telephone, please call us on 07837 649 712

\* Please charge £..... to the credit/debit card, details below

Name on card .....

Card No ..... Signed .....

Expiry Date ...../..... Security code (last 3 digits on back of card) ..... Issue No..... (if on card)

\* I enclose a cheque for £.....

\* I have made a direct bank transfer of £ ..... with the reference of my surname and membership no. to:

Account Name: The Beadworkers Guild  
Account sort code: 40-52-40  
Account number: 00020246

**Return/Collection of work. Please delete/complete \*\* as appropriate:**

\*\* I would like my piece returned by post.      \*\* I will collect my piece on Sunday 13<sup>th</sup> May from 2pm or

..... will collect it for me

My/our Entrant's Description is enclosed  Value of materials used (for insurance) £.....

**Please send by 7 April 2018 to: The Beadworkers Guild, c/o Denise Bending  
1 Payn Close, Hemingford Grey, Huntingdon, PE28 9WL Tel 01480 497 953**

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**Additional Group members:**

Name ..... Membership No.....

Name ..... Membership No.....

Name ..... Membership No.....

Name ..... Membership No.....

Name ..... Membership No.....

Name ..... Membership No.....

Name ..... Membership No.....

Name ..... Membership No.....

Name ..... Membership No.....

Name ..... Membership No.....

Please add any additional names on a separate sheet.

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