

Quilting Request Form

Received Date _____
Customer Name _____
Phone _____ Email _____
Address _____
Name and description of quilt _____

Quilt Size: *Back needs to be a minimum of 8" wider and longer than the quilt top

Top _____ X _____ inches Directional yes/no

Back _____ X _____ inches Directional yes/no

Quilting Style: \$60.00 Minimum Charge

Custom Quilting : _____

Edge to Edge : _____

Batting: needs to be oversized

Quilted For You Provided Batting: _____

Customer Batting Size: _____

Needle Thread Color: _____

Bobbin Thread Color: _____

Binding Service: _____

Customer prepared binding: \$.45 per linear inch (\$20 minimum)

Additional Charges:

Pressing and/or trimming top or back: \$30 per half hour

Removing and restitching problem areas/borders: \$30 per half hour

\$0.025 to \$0.03 Hand guided Edge to Edge

Customer Signature: _____