

Name	
Date	
Date Needed By	
Primary Contact Phone	
Secondary Contact Phone	
Email	
Billing Street Address	
City	
State	
Zip	
Thread Color	Color _____ <input type="checkbox"/> Quilter's Choice <input type="checkbox"/> Match quilt fabrics (most common for custom)
Quilting Design Ideas <i>Send or email inspiration</i> <i>Images with quilt</i>	<input type="checkbox"/> Quilter's Choice
Quilt Pattern/Designer	

Backing Fabric	Color/Fabric choice _____ <input type="checkbox"/> Quilter's Choice <input type="checkbox"/> Provided	
Batting	<input type="checkbox"/> Provided <input type="checkbox"/> Quilter's Dream 100% cotton <input type="checkbox"/> Hobbs 100% Heirloom Cotton <input type="checkbox"/> Hobbs 80/20 Heirloom Blend <input type="checkbox"/> Other _____	
Additional Services Requested	<input type="checkbox"/> Trim <input type="checkbox"/> Bind <input type="checkbox"/> Create binding <input type="checkbox"/> Apply to first side <input type="checkbox"/> Apply to second side by machine	<input type="checkbox"/> Seam backing <input type="checkbox"/> Press backing <input type="checkbox"/> Label <input type="checkbox"/> Hanging sleeve or corners
Is shipping address same as billing address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shipping Street Address		
City		
State		
Zip		
Any additional information you would like to share about the recipient, fabrics, pattern, and your vision for this quilt?		

Name _____