

<b>Name</b>	
Date	
Date Needed By	
<b>Primary Contact Phone</b>	
Secondary Contact Phone	
<b>Email</b>	
<b>Billing Street Address</b>	
City	
State	
Zip	
Is this a GIFT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thread Color	Color _____ <input type="checkbox"/> Quilter's Choice
Edge to Edge Quilting Design	<input type="checkbox"/> Quilter's Choice Design _____

Backing Fabric	Color choice _____ <input type="checkbox"/> Quilter's Choice	
Batting	<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	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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         </div> <div style="width: 45%;"> <input type="checkbox"/> Seam backing  <input type="checkbox"/> Press backing  <input type="checkbox"/> Label  <input type="checkbox"/> Hanging sleeve or corners         </div> </div>	
Is shipping address same as billing address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Shipping Address</b>		
City		
State		
Zip		
Any additional information you would like to share about the recipient, fabrics, pattern, and your vision for this quilt?		