



Sample Maker Application

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Please describe your sewing experience: _____

In which skills are you proficient? (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Traditional piecing | <input type="checkbox"/> Hand embroidery |
| <input type="checkbox"/> Paper Piecing | <input type="checkbox"/> Machine embroidery |
| <input type="checkbox"/> Hand quilting | <input type="checkbox"/> Hand applique |
| <input type="checkbox"/> Machine quilting (home sewing machine) | <input type="checkbox"/> Machine applique |
| <input type="checkbox"/> Long arm quilting | <input type="checkbox"/> Other (specify) _____ |

What types of machines do you own? (check all that apply):

- Sewing machine (Make and Model _____)
- Serger (Make and Model _____)
- mid or long arm quilting machine (Make and Model _____)

Which types of samples would you consider making? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Traditional pieced quilts | <input type="checkbox"/> Wool projects |
| <input type="checkbox"/> Applique quilts | <input type="checkbox"/> Cuddle Cloth (Minkee) projects |
| <input type="checkbox"/> Purses, totes & other bags | <input type="checkbox"/> Garments |
| <input type="checkbox"/> Pillows or other small projects | |