



Quilt Intake Form

Name _____ **Date Received** _____

Address _____ **SHOP USE ONLY** _____

Email _____ **Phone** _____

Quilt Length _____ **SHOP USE ONLY** _____

Measurements x Width _____ **SHOP USE ONLY** _____

Thread Colours Circle your choice	Maroon / Burgundy	Red	Pink	
	Orange	Gold	Yellow	
	Dark Green	Green	Light Green	Teal
	Dark Blue	Blue	Light Blue	Purple
	Black	Dark Grey	Grey	Light Grey
	Dark Brown	Light Brown	Cream	White
	Quilters Choice			

Backing Provided yes no **Must be a minimum of 8" longer and 8" wider**

Measurement length _____ width _____

Complimentary trimming once quilted? yes no

Quilt Description _____
Eg. colour, pattern, fabric line if known

Pantograph / Quilt Design First Choice _____ Second Choice _____

Disclaimer ~ Please Read and Sign Below

At Quincy's Quilting, Inc. our goal is to provide quality quilting services that meet or exceed your expectations. Please understand that even though we use a computerized quilting machine, those operating the machines are human and therefore not perfect. We will do our best to wow you with high quality quilting on your precious labour of love. By leaving your quilt with us you are trusting our judgement and experience to make the best decisions when completing your quilt. If we make a mistake, we will do everything possible to make it right. We will let you know if we have any issues with your quilt. By signing below you acknowledge that you have read the above disclaimer and have agreed to the work indicated on this intake form. You are also agreeing that you are financially responsible for the cost of services provided and any materials used by Quincy's Quilting.

Customer Signature _____

Phone Consult Completed By Name _____ **SHOP USE ONLY** _____ Date _____ **SHOP USE ONLY** _____