

Mail In Quilt Intake Form

Name			_	Date Rec	eived	
Address			_		SHOP USE ONLY	
Email			_ _ P	hone		
Quilt Top	Width				SHOP USE ONLY	
Measurements	Length		_		SHOP USE ONLY	
	Is there a specific direction	to your quilt top?	yes	no	Please place a pin on the centre top	
Thread Colours	Maroon / Burgundy	Red		Pink		
Circle your choice	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 Fabric Measurements	Provided yes	no M	ust be a n	ninimum of 8" lo	onger and 8" wider	
	Width				SHOP USE ONLY	
	Length		_		SHOP USE ONLY	
	Are we centering the quilt top on the backing?			no		
	Is there a specific direction to your quilt backing?		yes	no	Please place a pin on the centre top	
	If backing fabric is pieced do the seams run side to side? Yes Or, top to bottom? Yes					
Brief Quilt Description	Eg. colour, pattern, fabric line if known					
Pantograph / Quilt Design	First Choice Second Choice					
Quilting Density	Tight 6" - 8" Mediur		m 8" - 10"		Loose 10" - 12"	

Batting Measurements	Are you providing your ov	wn batting?	yes	no				
	Width			SHOP USE ONLY				
	Length		<u> </u>	SHOP USE ONLY				
	If you are using the includ	ded batting it is Hobbs 80/	20.					
	If you would prefer to use a different type of batting please call us at 1-855-886-8505 for options and pricing.							
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				
	Please ship quilts to:	Quincy's Quilting 4801 50th Avenue Leduc, AB T9E 6X8 Attention: Long Arm Qu	uilting Dept					