





900 RR 620 South  Suite C 101-124  Austin, TX 78734

Please complete this form and pin it to your quilt top.

DATE: _____ Name: _____

ADDRESS:

PHONE NUMBER: _____

EMAIL: _____

DESCRIPTION OF QUILT: (size, fabric colors, pattern name or description):

QUILTING DESIGN AND THREAD COLOR: (Top and bottom thread should be the same color. You may also leave it up to me).

BINDING SERVICE (Using excess backing):

Yes

No

PERMISSION TO PHOTOGRAPH YOUR QUILT
AND POST IT ON MY BLOG:

Yes

No

Notes: _____
