

Quilt Consultation Form



Date: _____

Name: _____

Street Address: _____

City, State Zip: _____

Phone: _____ Email: _____

Quilt Description (pattern/color, etc.): _____

Directional Top: Yes/No _____ Directional Back: Yes/No _____

Batting Provided _____, or Purchased at .25 per linear inch from Osage Hills Quilting: _____

Premium Edge to Edge Longarm Quilting Services - .02¢ per square inch

Quilt Top Size: Width: _____ x Length: _____ = _____ Square Inches

Quilt Back Size: Width: _____ x Length: _____

Quilt back must be at least 3" larger on all 4 sides of quilt top

Design Pattern Choice: _____ Thread Color: _____

Economy Longarm Quilting Services - .015¢ per square inch

Quilt Top Size: Width: _____ x Length: _____ = _____ Square Inches

Quilt Back Size: Width: _____ x Length: _____

Quilt back must be at least 3" larger on all 4 sides of quilt top

Thread Color: _____

Quilt Binding Services - .15¢ per linear inch

Quilt Size / Linear Inches: _____

Additional Services

Piece Backing - \$10 Pressing - \$10 Cut customer batting - \$10 Prepare Binding - \$10

T-Shirt Quilt – with Sashing										
Quantity of Shirts/Panels:	9	12	16	20	24	25	30	36	42	49

T-Shirt Quilt – without Sashing										
Quantity of Shirts/Panels:	9	12	16	20	24	25	30	36	42	49

Additional Notes: _____

_____ I agree to acknowledge Melissa Struttmann of Osage Hills Quilting as the quilter of this quilt if it is displayed in public at any time and/or published in any book, magazine, etc.

_____ I have reviewed the quilting instructions listed above and approve of them as stipulated above.

_____ I give permission to post photos online.

 Signature of Customer

 Date

 Melissa Struttmann, Osage Hills Quilting

 Date