

Legacy Quilters Long Arm Quilting Service Order Form

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www.legacyquilters.ca

Name: _____	Date Ordered: _____
Address: _____	Date Requested: _____
_____	Completed: _____
Phone: _____	E-mail: _____

Quilt Design _____

Directional Top? _____ Directional Back? _____ (Place safety pin.)

Size: Width: _____ X Length: _____ = Square " _____ /144 = _____ -Sq.'

Square' _____ x \$3.25 = Cost: _____ **\$50.00 Minimum**

ITEM	COST	Notes
Pattern Choice: _____ Scale: _____		
Edge to Edge Overall Design (\$3.25')	_____	
Backing: Width: _____ Length: _____ (Must be 4-6" larger then top.)		
Batting: Width: _____ Length: _____ (Must be 4-6" larger then top.)		
Batting Provided: _____ X _____	_____	
Binding Level: _____ (Length + width x 2 + 12"= _____ X _____)	_____	
Thread Color : _____ (top & bottom)		
Other Charges: \$20.00/hr. Explain: _____	_____	
Payment In Full Received: _____		
Customer Signature: _____ (Your signature authorizes the work listed above as well as authorization for pictures of your quilt to be used on social media.)		Total Cost

Additional Notes: