

The Gypsy Quilter

Long-arm Quilting Services

Date received ___/___/___

Estimated date due ___/___/___

Quilt Name _____

Colors _____

Quilt Size _____ X _____ = _____ sq. in.

Backing Size _____ X _____

Trim edges after quilting yes ___ no ___ Thread Color(s) _____

Services Desired : _____

All-Over Quilting @ \$.02/sq inch Pattern _____ \$ _____

Custom Quilting @ \$.03/sq inch \$ _____

Patterns - Center _____ Border _____

Interpretive Quilting @ \$.____/sq inch \$ _____

Describe _____

Batting (if not supplied) Hobbs 80/20 White or Black \$ _____

Binding requested: Machine front/back or machine front/hand back
\$.15/ linear inch \$.20/linear inch \$ _____

Return Shipping Insured (via UPS) \$ _____

Total Due Upon Completion \$ _____

Return to:

Name: _____

Stitch Count:

Address: _____

Ending _____

Starting _____

Phone: _____

Total _____

Email: _____