

Quilt # _____ of _____

Name: _____ Phone# _____

Email: _____

Quilt Description: _____

Drop-off Date: _____ Est. Completion: _____ Pick-up Date: _____

Computerized Edge to Edge Quilting Services: *Please choose one.*

- ☐ Minimum charge of \$60 for all quilts sized 3,000 square inches or smaller.
- ☐ \$.03 per square inch - Design: _____

Design Sizing Preference: *Please choose one.*

- ☐ Larger Size, Lower Density
- ☐ Medium Size, Medium Density
- ☐ Smaller Size, Higher Density
- ☐ Intense Size, Very High Density (*price increase of \$.035 - \$.04 per square inch*).

Is your quilt top directional?

- ☐ Yes
- ☐ No

Is your quilt backing directional?

- Yes
- No

Additional Info: _____

Batting: *Please choose one.*

- ☐ Provided by customer _____
- ☐ Bamboo
- ☐ 80/20
- ☐ 100% Cotton
- ☐ Wool
- ☐ Double Layered _____

Thread Color:

Top _____ Bottom _____

Additional Services: *Select all services you would like.*

- ☐ Sew Backing Seam
- ☐ Trim Quilt
- ☐ Rush Order
- ☐ Machine Stitched Binding (\$25 per hour) - Estimated time: _____

Quilt Measurements for loading:**Top:** _____ width _____ length **Back:** _____ width _____ length

Design size: _____ Row Gap: _____ Offset: _____

Loading Notes: _____

*Payment due upon receipt of quilt pick-up. Cash and/or credit card accepted.
Prices are subject to change without notice.*

Colorway Collective Quilt Care

Colorway Collective gives 100% attention to detail & superior quilting services always.

What is Quilt Care?

Quilt Care is the extra time and attention that is required when complications arise while quilting. You may want Quilt Care for a quilt you would like to put in a show, competition, or are gifting. Extenuating circumstances that may require quilt care include insufficient backing, excessive fullness, problematic fabric and/or batting, seams not pressed flat, and significant wonkiness.

Not all quilts require Quilt Care, and it often doesn't become apparent that a quilt needs Quilt Care until after it is loaded and quilting has begun. To account for this, please select one of the following options:

- ☐ I give Colorway Collective permission to charge me an additional fee for Quilt Care to ensure the best possible results for my quilt. (i.e. no pleats, square quilt, etc.)

Signature: _____
sign to acknowledge

- ☐ I do not give Colorway Collective permission to charge me an additional fee for Quilt Care. I understand that my quilt may not be square, have extra fullness, less than perfect tension, or pleats.

Signature: _____
sign to acknowledge

I agree that if this quilt is entered into any show, full credit will be given to Chelsa Barton of Colorway Collective for the quilting. If the quilt receives recognition or an award, please notify Chelsa Barton within 1 month following the show. (Let's celebrate together!) I give Chelsa Barton of Colorway Collective permission to photograph and display pictures of this quilt. By signing below, you agree to services as described on this form.

Customer Signature: _____ **Date:** _____

*You will be notified by phone or text that your quilt is complete.
You will be emailed a copy of your invoice.*

Density Examples: