



THREE TREES QUILTS

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Longarm Quilting Services Intake Form

Today's date	Customer #
Due date	Project #

Name	Phone
Address	Email
City, State Zip	

Name of Quilt
Size _____ (width) x _____ (length) = _____ square inches
Quilt Stich Design
Thread Color
Density Preference <input type="checkbox"/> Loose/ Open <input type="checkbox"/> Medium <input type="checkbox"/> Dense
Batting <input type="checkbox"/> Hobbs 80/20 <input type="checkbox"/> Special Request _____
Special Instructions