



## LONG ARM SERVICE BOOKING FORM

Name						
Email						
Phone Number						
Mailing Address						
		QUILT	DETAILS			
Name of Quilt						
Quilt Dimensions	Length:			Width:		
PLEAS	SE CONFIR	M THE SIZE BRAC	KET YOU	ARE PRO	OCEEDING WITH	
□ Cot □	Single	☐ Double	☐ Que	en	☐ King	
Edge-to-edge desigr	selected (fo	or Quilter to fill in)				
Please note that if your quilt	is not square, th	e machine will recalibrate yo	our selected des	sign to suit.		
THREAD	COLOUR	(ONLY 100% CO	ITON AVA	AILABLE -	DECIDE IN STORE)	
Wadding/Batting &	backing to	be provided by custo	omer.			
Please detail any specific i requirments of further clari			ng arm machin	e service, we	will contact you in regards to these	
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		DO YOU GIV	/E SPOTLI	GHT		
Permission to photograph finished quilt?  Permission to photograph finished quilt?				sion to display photography on Spotlight website/social media page?		
☐ Yes ☐ No				☐ Yes ☐ No		
& backing. SPOTLIGHT w	ill make every e		ng. A staff men		which may cause damage to your top fy you when your quilt is complete to	
Customer Signature	<u> </u>				Date:	