



TASMANIAN QUILTING GUILD INC
APPLICATION FOR QUILT APPRAISAL/VALUATION

QUILT MAKER/S: _____

ADDRESS: _____

PHONE NO: _____ EMAIL: _____

APPRAISAL [] REVIEW []

QUILT TITLE: _____

QUILT TYPE: Bed Quilt [] Wall Quilt [] COLOUR SCHEME: _____

Art Quilt []

MATERIALS USED: _____

SIZE OF QUILT (cms) Width [] Length [] WADDING: _____

BRIEF DESCRIPTION OF THE QUILT: eg - blocks used, layout(medallion, portrait, landscape), border style, etc. This description will be used on the Certificate.

CONSTRUCTION:

PIECED Machine [] Hand []

APPLIQUE Machine [] Hand []

QUILTING Domestic Machine [] Hand []

DESIGN Traditional Design [] Traditional Variation [] Original Design []

LONG-ARM OR MID-ARM QUILTING

If not a original design please specify source information: eg designer name, workshop/class, book - including title, magazine - including title and issue date.

QUILTED COMMERCIALY by: _____

QUILTING: Programmed [] Free Motion []

ANY ADDITIONAL INFORMATION RELEVANT TO THE APPRAISAL/REVIEW OF THE QUILT:

Quilt Owner if other than the Maker: _____

Quilt Owner's Address: _____

Signature and Date

I have read, understand and agree to the conditions on page 1 _____