



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
Art Quilt Year completed

COLOUR SCHEME:

SIZE OF QUILT (cms)

Width Length

MATERIALS USED:

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
