

## QUILT REQUEST APPLICATION FOR CHILDREN/ADULTS

DATE:

Name of person requesting quilt: \_\_\_\_\_

Reason for request (Diagnosis, date of diagnosis): \_\_\_\_\_

\_\_\_\_\_

Is this quilt for someone other than yourself? If yes, for who?:

\_\_\_\_\_

**Male/female**

**Is this request urgent? Yes/no**

Age of the recipient: \_\_\_\_\_

Who would be presenting quilt and where: \_\_\_\_\_

Favourite colours, favourite themes (animals, cartoon characters, superheros etc):

\_\_\_\_\_

\_\_\_\_\_

Is there anything special we should include on this quilt?

\_\_\_\_\_

Any other information you wish to provide?

\_\_\_\_\_

\_\_\_\_\_

Please email request form to:

Kim wagstaff

Canada stitches

can@canadastitches.com