Small Quilt Groups

Preferences for Joining a Small Quilt Group

Date: _____

Name: _____

Phone Number:_____

Email Address: _____

Quilting skill level: Beginner Intermediate Advanced

1. Do you want to be in a group with similar skills? Yes No
2. Do you prefer to be in a new group or existing? Yes No
3. Do you prefer day or night? Day Night
4. Would you be willing to be spokesperson for a new group? Yes No
5. Do you want to sew or work on projects during the group meeting? Yes No
6. Do you want to focus on a specific type of quilting? If so, what is your interest?

7. Would you be willing to host a meeting in your home Yes No
8. Other interests (demos, tips and hints, show and share, group type projects, group trips, and/or shophops, etc.)

If you have questions, contact: Connie Falkenstein