

WQG QUILTER PAL QUESTIONNAIRE

Name _____ Spouse's Name _____

Address _____ City _____ Zip _____

Birthday (mm/dd/) _____ Anniversary (mm/dd/yy) _____

Children _____ # Grandchildren _____ # Pets (cats) _____ (dogs) _____ (other) _____

Favorite color _____ Least favorite color _____

Favorite holiday _____ Favorite type of food _____

How long have you been quilting? _____ Do you machine or hand quilt? _____

Quilting techniques you enjoy _____

Quilting techniques you would like to learn _____

Wish list (notions, gadgets, patterns, fabric) _____

Do you like to collect anything? _____

Other hobbies/crafts _____

Home colors: Living room _____ Kitchen _____

Bedroom _____ Bathroom _____

Do you have any food allergies? _____

Favorite snack food _____ Coffee/Tea/Cocoa _____

Additional Information you would like to share _____

Special friend to contact for more information about me (if needed):

Name: _____ Phone # _____