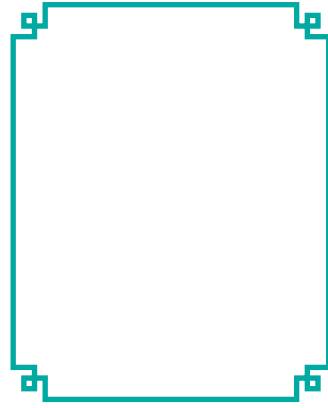
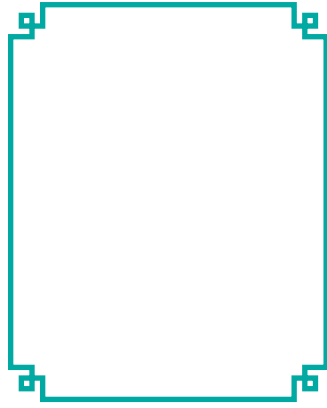
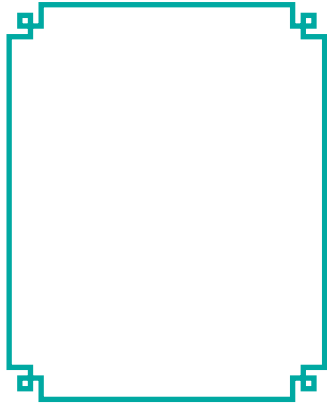
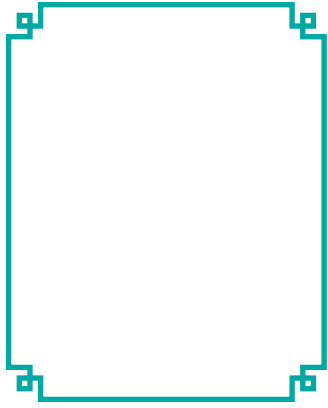


October

PROJECTS OF THE WEEK



Materials Needed:

Materials Needed:

Materials Needed:

Materials Needed:

Notes: _____

PROJECTS OF THE WEEK

2017

Materials Needed:

Materials Needed:

Materials Needed:

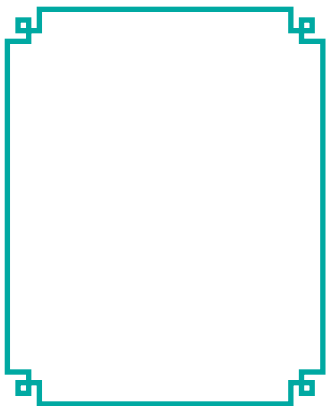
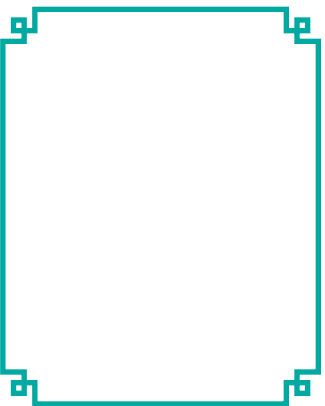
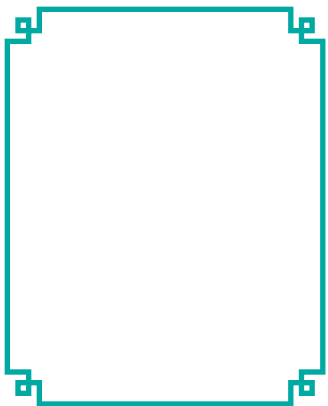
Reminders:

Notes:



PROJECTS OF THE WEEK

2017



Materials Needed:

Materials Needed:

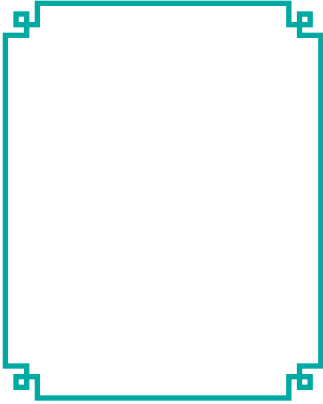
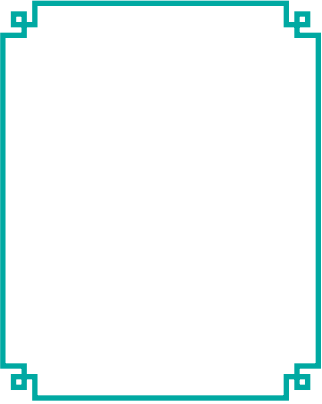
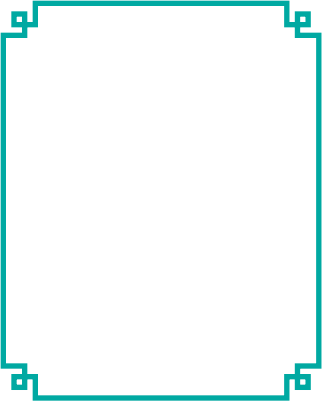
Materials Needed:

Reminders:

Notes: _____

PROJECTS OF THE WEEK

2017



Materials Needed:

Materials Needed:

Materials Needed:

Lined writing area for the first project

Lined writing area for the second project

Lined writing area for the third project

Reminders:

Lined writing area for reminders

Lined writing area for notes

October

QUILTING CONTACTS

NAME _____	PHONE _____	FAVORITE THINGS _____
EMAIL _____	BIRTHDAY _____	_____
ADDRESS _____	_____	_____
_____	_____	_____

NAME _____	PHONE _____	FAVORITE THINGS _____
EMAIL _____	BIRTHDAY _____	_____
ADDRESS _____	_____	_____
_____	_____	_____

NAME _____	PHONE _____	FAVORITE THINGS _____
EMAIL _____	BIRTHDAY _____	_____
ADDRESS _____	_____	_____
_____	_____	_____

NAME _____	PHONE _____	FAVORITE THINGS _____
EMAIL _____	BIRTHDAY _____	_____
ADDRESS _____	_____	_____
_____	_____	_____

NAME _____	PHONE _____	FAVORITE THINGS _____
EMAIL _____	BIRTHDAY _____	_____
ADDRESS _____	_____	_____
_____	_____	_____

NAME _____	PHONE _____	FAVORITE THINGS _____
EMAIL _____	BIRTHDAY _____	_____
ADDRESS _____	_____	_____
_____	_____	_____

QUILTING CONTACTS

2017

NAME _____

EMAIL _____

ADDRESS _____

PHONE _____

BIRTHDAY _____

FAVORITE THINGS

NAME _____

EMAIL _____

ADDRESS _____

PHONE _____

BIRTHDAY _____

FAVORITE THINGS

NAME _____

EMAIL _____

ADDRESS _____

PHONE _____

BIRTHDAY _____

FAVORITE THINGS

NAME _____

EMAIL _____

ADDRESS _____

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BIRTHDAY _____

FAVORITE THINGS

NAME _____

EMAIL _____

ADDRESS _____

PHONE _____

BIRTHDAY _____

FAVORITE THINGS

NAME _____

EMAIL _____

ADDRESS _____

PHONE _____

BIRTHDAY _____

FAVORITE THINGS

October

PRODUCTS TO TRY

TOP TEN

CATEGORY _____

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

NEED		WANT
_____	•	_____
_____	•	_____
_____	•	_____
_____	•	_____
_____	•	_____



MUST HAVES

TOP TEN

CATEGORY _____

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

NEED		WANT
_____	•	_____
_____	•	_____
_____	•	_____
_____	•	_____
_____	•	_____



MUST HAVES

PRODUCTS TO TRY

2017

TOP TEN

CATEGORY _____

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

NEED		WANT
_____	•	_____
_____	•	_____
_____	•	_____
_____	•	_____
_____	•	_____

MUST HAVES

TOP TEN

CATEGORY _____

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

NEED		WANT
_____	•	_____
_____	•	_____
_____	•	_____
_____	•	_____
_____	•	_____

MUST HAVES
