

QUILT QUEST REPORTING FORM

This information will be provided to the University of Nebraska-Lincoln to demonstrate how the materials they so generously donated to AQQ have been utilized.

CHAPTER NAME: _____

NAME: _____

ADDRESS: _____

PHONE: HOME _____ **CELL** _____

EMAIL: _____

Do you know where your Chapter's Quilt Quest Book is at this time? Yes No

Has your Chapter put the book into use? Yes No Uncertain

Please provide a brief explanation on how your Chapter has used the Quilt Quest materials. _____

Has your Chapter re-gifted the book? Yes No

If yes, who was the recipient? Please be specific. (Example: Ironwood Branch of the Phoenix Public Library.)

Do you want more information on how to put this program into effect in your area?

Yes No

Is your chapter interested in borrowing the Quilt Quest Traveling Trunk?

Yes No Perhaps Later