



MEMORY PILLOW ORDER FORM

Tracy's Sewing Studio LLC

Please complete this form as fully as possible. After reviewing your garment(s), I will confirm what is possible and provide a sketch for your approval before work begins.

CLIENT INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

GARMENT / MATERIALS INFORMATION

Who did the garment(s) belong to, and who is this item being made for?

EMBROIDERY (Optional – \$20, max 15 characters)

PROJECT NOTES

Memory pillows typically take up to 8 weeks to complete. Garments are prepared as needed, including stabilization for stretch fabrics. Coordinating accent fabrics may be used to unify colors and themes.

CLIENT AGREEMENT AND RELEASE

This Agreement must be signed before work begins. By signing, Client agrees to pay the full balance for all approved services and products. Payment is due upon invoicing unless otherwise stated.

This Agreement is governed by Ohio law. Any disputes shall be resolved in the state or federal courts located in Dayton, Montgomery County, Ohio.

Client provides all materials and acknowledges that Tracy's Sewing Studio LLC does not test or verify materials for safety, fire resistance, or legal compliance. Client assumes full responsibility for the safety and appropriate use of all finished items.

To the fullest extent permitted by law, Client releases and holds harmless Tracy's Sewing Studio LLC and its owners, employees, and agents from any claims or liability arising from the materials or the use of finished items. This release applies to Client and their heirs and representatives.

Client confirms they have read and agree to these terms.

Signature: _____ Date: _____
Printed Name: _____