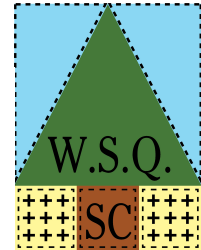


WSQ BOUTIQUE CONSIGNMENT FORM YEAR 20_____



NAME: _____ PHONE: _____

ADDRESS: _____
STREET CITY, STATE ZIP

YOUR CONSIGNMENT ID: _____					WSQ OFFICE USE ONLY		
	INVENTORY NUMBER	ITEM DESCRIPTION	# OF ITEMS	PRICE EACH	# LEFT	# SOLD	TOTAL SALES CASHIERED
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
TOTAL ALL FOUR COLUMNS							
<small>(COLUMNS ITEMS LEFT & ITEMS SOLD SHOULD EQUAL ITEMS IN)</small>				LESS WSQ 25%			
TOTAL DUE CUSTOMER							

I UNDERSTAND THAT WSQ DOES NOT ASSUME RESPONSIBILITY FOR LOST OR STOLEN ITEMS. THIS ALSO INCLUDES MERCHANDISE AND TAGS THAT MAY COME LOOSE AND CANNOT BE MATCHED TOGETHER. I ALSO UNDERSTAND THAT ANY UNSOLD ITEMS ARE TO BE PICKED SUNDAY BETWEEN 4:30 - 7 PM THE CLOSING DAY OF THE QUILT SHOW.

SIGNATURE: _____ DATE: _____

WHITE & YELLOW COPIES - CONSIGNMENT BOOTH

PINK COPY - CUSTOMER

MAIL FORM TO: WSQ SPOKANE CHAPTER, PO BOX 7117, SPOKANE WA 99207