

Members' Boutique Item Identification & Retrieval Form

Part 1 – INSERT THIS FORM IN THE PLASTIC BAG WITH YOUR ITEM.

(This form will be kept with the Boutique Coordinators.)

Member's Name: _____
(Last Name) (First Name)

Telephone/Contact number: Day: _____ Evening: _____

Description of Item: _____

Price of item: \$ _____

Item Number: _____ (assigned by the Boutique Coordinator)

Part 2 – RETRIEVAL FORM *(This form will be kept with the Boutique Coordinators.)*

Member's Name: _____
(Last Name) (First Name)

Telephone/Contact number: Day: _____ Evening: _____

Description of Item: _____

Price of item: \$ _____ Item No: _____ (assigned by the Boutique Coordinator)

If item is to be picked-up by a proxy, provide the name of person authorized to pick-up your item on your behalf.

Signature of member or person authorized to pick-up the quilted item
Required at time of pick-up only.

Part 3 – PICK-UP SLIP TO BE RETAINED BY MEMBER

(This form will be required to pick up your item on: MAY 8th, 2016 at 4:30 P.M.)

Member's Name: _____
(Last Name) (First Name)

Telephone/Contact number: Day: _____ Evening: _____

Description of Item: _____

Item No: _____ (assigned by the Boutique Coordinator)

PLEASE ENSURE YOU HAVE PICTURE IDENTIFICATION WITH YOU.