

Members' Boutique Item Registration Form

(This form must be completed and received by the Boutique Coordinators by APRIL 12th, 2018)

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

Telephone/Contact number: Day: _____ Evening: _____

Description of Item: _____

Note: The CTQG will not be held responsible for any lost or stolen item.

Item Number: _____ (assigned by the Boutique Coordinator)

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