

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)

IF item is to be pick-up by a proxy, provide the name of the 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 2 – PICK-UP SLIP TO BE RETAINED BY MEMBER

*(This form will be required to pick up your item on **Saturday May 9th at 5:00 P.M.**)*

Member's Name: _____

(Last Name)

(First Name)

Telephone/Contact number: Day: _____ Evening: _____

Description of Item: _____

Item No: _____ (assigned by Boutique Coordinator)

PLEASE ENSURE YOU HAVE PICTURE IDENTIFICATION WITH YOU