

BOUTIQUE SUBMISSION FORM

Instructions: Refer to the Boutique Guidelines sheet on the back of this form for additional information. PLEASE PRINT

Member Name _____ Phone: (day) _____
 Address: _____ Phone: (eve) _____
 (to mail check) _____ E-mail: _____

Item#	Description	Selling Price	Returned

Days available to work Friday
 (Please check all that apply) Saturday
 Sunday

I agree to the rules printed on the Boutique Guidelines. I understand the Guild will exercise care to protect each item, but will not be liable for any lost or damaged items

Signature

Date

Please return this form to a Boutique Committee member. Carolyn Dollard or Georgina Aumick