

OREGON COASTAL QUILTERS GUILD
Boutique Consignment Inventory

Name: _____

Consignee Number _____

Address: _____

Phone: _____

City, State, Zip: _____

Clerk: _____

Check-In	Item #	Short Description	Item Price	Check-Out
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	0			
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	0			
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	0			

Please precede the item number with the proper tens digit to create a UNIQUE item number. There must be a description and price for each item tagged. Use as many sheets as necessary to complete your inventory. Only the Boutique Clerk fills in the Check-In / Check-out columns. You must also complete 1 insurance waiver form that is the second page of this document. Attach the signed insurance waiver to your inventory.

GRAND TOTAL SALES: \$ _____

Less 15%: \$ _____

Amount due Member: \$ _____

INSURANCE WAIVER AND ASSUMPTION OF LOSS

Your entries may already be protected by your homeowner's policy. The insurance policy that covers Oregon Coastal Quilters Guild is a personal injury liability policy only. It does not provide any protection against property damage, loss or theft. We will handle the entries with great care. Therefore, we ask all entrants to sign the following statement to evidence their recognition and assumption of risk and return it with the Inventory Sheet for the Boutique.

By signing this statement, I expressly agree to release Oregon Coastal Quilters Guild of Lincoln County, Oregon and their respective agents, employees, and members from all liability for any loss, damage, theft, injury, or destruction to any article entered by me for sale in the Boutique at the Quilt Show at the Recreation Center, Newport, Oregon. I understand and assume that I bear the risk of all uninsured loss to my own property and this is up to me to properly insure against any and all risks if I so choose.

Signature _____ Date: _____