Foothill Quilters Guild Inventory Sheet

Name_____ Phone_____ Member #_____

√		Item #	Description	Price	Sold	Returned

Checked in by:_____ Checked out by:_____

I have received and reviewed the Guidelines for the Foothill Quilters Guild Country Store. I agree to and understand the terms, limits of liability, work expectations and submission of items for sale and pick up.

I will work on _____ from _____ to _____

Printed name _____ Signature_____

Phone #_____Date_____ Member #_____

Person authorized to pick up items at checkout:_____

Page ___

Foothill Quilters Guild Inventory Sheet

Name________________________ Phone_________________ Member #__________

√		Item #	Description	Price	Sold	Returned

Checked in by:________________________ Checked out by:______________________