

Family Name:

(Make sure your family name is listed on all items dropped off for the sale)

Contact Name:

Oldest Child Name: Homeroom Teacher:

Email: Phone Number:

Mailing Address for Payment:

* I would like my unsold items **KEPT** for the next sale
* I would like my unsold items **RETURNED**
* I would like to **DONATE** unsold items to St. John’s PTO

We understand that some families may not want to stay and check in their items. If you would like to drop off, please ensure that you hand your items to a volunteer at check in with all appropriate paperwork. A volunteer will go through the items dropped off and review the inventory sheet. Please initial if you do not wish to check in your items.

\_\_\_\_\_\_\_\_\_\_\_I would like the used uniform committee to check in my items and accept any changes or discrepancies found during the check in process.

For Committee Use Only

Number of items present at check in:

(Please note any discrepancies from the inventory sheet)

Number of items sold:

Total Sales:

Payment to be mailed (70%):

Family Name:

| To Be Completed by Consigner | | | | — Completed by Used Uniform Committee — | | | |
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| Item # | Description | Size | Price | Rec’ed | Sold | Return | Comment |
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| Item #:  NAME:  Item Description:  Size:  Price: | Item:  NAME:  Item Description:  Size:  Price: |
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