

# Canberra Quilters Sales Room Inventory Form

Name: ..... Membership No ..... Code  
 Home Phone ..... Work Phone ..... Mobile .....

If I am unable to collect my goods, I authorise .....to collect them for me.

**I have read and accept the conditions of entry for the Canberra Quilters Exhibition Sales Room.**  
 Signed ..... Date .....

Item No	Price	Check-In	Unsold	Item Description
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Checked in by ..... Member's signature for goods in .....

Checked out by ..... Member's signature for goods collected .....

