

## Children's Market Drop-Off Form

Consignor #: \_\_\_\_\_ Cardstock Color(s): \_\_\_\_\_

Name: \_\_\_\_\_

Best phone # to reach you about questions: \_\_\_\_\_

Did you bring a self-addressed, stamped envelope?      Yes      No

If you are volunteering, please write the total number of hours you've schedule for this sale: \_\_\_\_\_

Although we try to be diligent when inspecting items, we do miss a stain occasionally. If someone wants to buy a stained or damaged item, can we discount it instead of removing it from the sales floor?  
\_\_\_\_\_

Are you donating **all** of your unsold items? \_\_\_\_\_

Please list size ranger per gender (Example: Boys 2T – 6, Girls 6 Months – 2T)

Circle all of the following you are consigning:

Bedding      Books      Toys      DVDs  
Baby Equipment      Electronics      Maternity

Do you have any concerns we have not addressed?

Thank you for your participation in this ministry! You are a blessing to many families in our area.

Do not fill out information below this line. For CM Staff Only:

Total # of Items accepted at drop-off: \_\_\_\_\_

Total # of items refused at drop-off: \_\_\_\_\_

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