Greater San Antonio Quilt Guild Boutique Inventory

Participant's Name_____ Initials:_____

Address _____ email:_____

Phone: home_____ wk/cell_____

AGREEMENT: In order to participate, I agree to work for one 2 hour session in the Boutique. I am responsible for insuring my items. Group insurance is NOT available. Every effort will be made to assure my items' safety. I agree that neither the Chairperson, GSAQG, Inc. nor the San Antonio Event Center management can be held liable for loss or damage to my items.

Signature_____Date_____

ITEM #	ITEM DESCRIPTION	PRICE	SOLD

Participant's Name_____Initials_____Phone_____

ITEM #	ITEM DESCRIPTION	PRICE	SOLD