Gift Gallery Participation Agreement
Lake to Lake Spring Into Color Quilt Show May 13, 14, 2016

Quilt Guild Member Name:_____

Address: _____ City:_____ Zip: _____

PHONE NUMBER:_____EMAIL:_____

LIST OF ITEMS (Please list item separately)

Description	Cost	Item #		Paid to

For Chairpersons use only

Total $_____= Total paid to member $_____

I understand and agree that I am responsible for making sure everything is properly priced and securely tagged. There is no liability for the loss of any items listed above by the Lake to Lake Quilt Guild and I agree that I am responsible to pay any NY State Sales Tax due for any items I sell.

Guild Member Signature: _____

Date:_____QS doc 1
Revised 1/3/2016