Fiber Fair Sales Sheet

page ____ **of** ____

Exhibitor: _____ **Exhibitor Number:** _____

Address: _____ **Check in by:** _____

_____ **Phone:** _____ **Check out by:** _____

Complete the Item Number, Description and Price columns. Each item must be listed on a separate line and have a separate number. Additional forms are available at the Guild if you need more space or make a photocopy.

Check In	Item Number	**Description**	Donate	No Tax	**Price**	Sold Date	Check Out

Liability: The Weavers Guild of Minnesota will not be responsible for loss or damage to items listed above, including frames, no matter how caused; and all items are submitted and received subject to this condition. It is suggested that participants insure their works privately if they feel the need for such protection. When the above items are left with the Weavers Guild of Minnesota it shall be understood that the participant agrees with the above conditions.

Signed: _____ **Date:** _____