

Cochrane Skating Club Consignment Form 2018-2019



CONSIGNOR DETAILS

Name of Consignor (who payment is to be made to via skater account)

Address:

City:

Postal Code:

Email:

Phone #:

Name of Skater:

Date of Consignment:

CONSIGNMENT PROPERTY DETAILS

| Item | Description | Selling Price |
|------|-------------|---------------|
| | | |
| | | |
| | | |

CONSIGNED PROPERTY AGREEMENT

Please check applicable boxes:

- Consignor will receive 90% of the profit on the sale of the item.
 - I want to be paid out. Payments will be paid into Skater Accounts/Gift Certificates.
 - I want my skaters account to be credited.
- Consignor wishes to donate item(s) and proceeds to the Cochrane Skating Club.

All consignments are left at owner's risk. Cochrane Skating Club is not responsible for loss by theft, fire, negligent handling or any other cause.

If consignments are not picked up upon request or by June 30, 2019, items will become the property of the Cochrane Skating Club.

I have read and fully understand all of the terms and condition of this signed property agreement.

Name of Consignor (Printed)

Name of Receiver (Printed)

Signature of Consignor

Signature of Receiver