COLORADO TOY TRAIN FOUNDATION

Train Referral Form

Date: Info taker: _____

Client's Name: _____ _____

Street Address: _____

City: _____State: _____ Zip: _____

Phone: _____-_____ (circle one: cell, home, work)

Phone: _____-_____ (circle one: cell, home, work)

Email: _____

Collection information: Gauge(s) circle all that apply and indicate %:

G _____ O _____S_____ N _____ Z _____standard _____other_____

Manufacturer(s), if known: _____

Buildings_____ Scenery _____Books _____Artwork _____

Description that would be helpful: (number of engines), (amount with original boxes), etc.

Can client deliver: Yes , No If no, where are the trains? Basement, attic, garage, other_____

Has family taken what they want? Yes , No

Date of contract sent _____ Date Intro to CTTF sent _____

We accept donations and take collections on consignment. We are not interested in a few cars or track. We are not currently buying collections. ***Rev. 3/26***