**Consignment Sale Sellers Agreement - 2018 Fall Sale**

PWMOMC Seller

I, (the undersigned) am in agreement with the rules and conditions of selling with the Prince William Mother of Multiples Club (PWMOMC) Yard Sale.

I agree to the following terms:

PWMOMC reserves the right to withhold the sale of any item that is not properly tagged, priced, displayed, or cleaned; it may not be put out for sale.

 PWMOMC is not responsible for any lost, broken, or stolen items.

* I will submit this form to Julie Burke by **Saturday, September 29th**
* I will indicate which shift I will be volunteering

**30% of my gross profits will go to PWMOMC**

* I will set up my items for sale between 5-9pm on Friday, October 5th
* I will work my assigned volunteer shift
* I will pick up my unsold items at 1pm on Saturday, October 6th

**If I do not show up for my assigned volunteer shift, PWMOMC will subtract a $10 fee from my sale proceeds.**

By signing this release, you understand and agree to the terms and guidelines.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consignor Signature Printed Name Date**

*Volunteer shift – First Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Second Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Third Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Shifts are listed in the Seller Information Guidelines*

***I understand that I may not be assigned my preferred shift, based on the number of sellers signed up for the sale and the order that the registrations are received.***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seller ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tape/Ribbon Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please email a copy of this form to Julie Burke at Julie.burke@hotmail.com******or mail to***

***PWMOMC c/o Julie Burke, 8468 Lanier Overlook Ct., Bristow, VA 20136.***