

It is critical that you have read and understood the information provided on the Entry Handling Instructions document before you complete this form! Please call us with any questions (360) 466-4288

2024 International Quilt & Fiber Arts Festival
PACKING SLIP

Complete ONE FORM per entry, PLEASE PRINT

Last Name: _____ First: _____

Street Address: _____

City: _____ State/Province: _____

ZIP/Postal Code: _____ Country: _____

Phone: _____ E-mail address: _____

Entry Category (check one): Fiber Art Quilt Wearable Art

Entry ID # _____

Entry title _____

My entry is available for purchase for \$_____. I understand the Museum will handle the payment and receive 30% of the sale amount, remitting the remaining amount to me within two weeks following the festival.

Please indicate how you would like your entry returned:

My entry should be return shipped to me. (Note that shipping costs may be higher for return.) All items shipped via FedEx, UPS, USPS, DHL, etc. will only be insured for the amount shipper offers free of charge, usually \$100. If you want to insure at a higher level, please indicate the amount here \$_____. This will increase your return shipping costs. **My payment for return will be made by:**

Prepaid shipping label enclosed (USPS, FedEx, UPS, DHL) * preferred method

Please bill me via PayPal or other online payment application at this email address above. (not available for international payments)

I prefer to pay by check. (Do not send check until QFAM has sent you actual shipping cost.)

Please DO NOT SEND CASH or STAMPS for shipping payment.

I will pick up my entry in person at the **Museum Annex, 112 Morris Street, La Conner** between 11am-4pm on October 15, 16, 17 (Tu-Wed-Thu), 2024. Photo ID required for release of entry.

I will call the Museum at 360-466-4288 to make an appointment to pick up my entry in person after October 23, 2024. Photo ID required for release of entry.

I authorize the person named below to pick up my entry at the Museum Annex, 112 Morris Street, La Conner between 11am-4pm on October 15, 16, 17 (Tu-Wed-Thu), 2024. I will inform them that a photo ID is required before entry is released to them.

Name _____

Phone _____

By signing below, I acknowledge that I have read and understood the Entry Handling Instructions and the information on this form.

Signature

Date

Please make a copy for your records.

For Museum use only

Date Received: _____

By: _____

Date Returned/Shipped: _____

Return Accepted by:
