

RePlay Toys: Halloween Costume Intake Form

Consignor Information

Name: _____

Start Date _____

Number: _____

End Date _____

				STORE USE ONLY		
Item	Costume Name/ Description	Size	Parts & Pieces	Recall List	Returned	Fees (B, P, C, S)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

_____ I will pick up my unsold costumes!

_____ Check

_____ Never see my costumes again!

_____ RePlay Dollars!

Please initial here to indicate that you will pick up damaged or recalled items within 24 hours of notification.

Fee Total

PRINT PLEASE