

RePlay Toys: Halloween Costume Intake Form
 Please fill out this form completely (sizes and parts, too!)

Consignor Information

Name: _____

Start Date _____

Number: _____

| Item | Costume Name/ Description | Size | Parts & Pieces | STORE USE ONLY | | |
|------|---------------------------|------|----------------|----------------|----------|----------------------|
| | | | | 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