



## PARTICIPANT FORM

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DESCRIPTION OF GOODS OR SERVICE: \_\_\_\_\_

IF A SERVICE, BRIEFLY WRITE WHAT SHOULD BE INCLUDED ON THE CERTIFICATE. \_\_\_\_\_

RECOMMENDED SALE PRICE: \_\_\_\_\_

YOUR COST: \_\_\_\_\_

\_\_\_\_\_ YES, I WISH TO HAVE MY COST RETURNED TO ME.

\_\_\_\_\_ NO, I CHOOSE TO DONATE MY INVESTED COST TO CHARITY.

I UNDERSTAND THAT MY GOODS OR SERVICE WILL STAY ON DISPLAY FOR SIX WEEKS. AT THE END OF THIS TIME, IF MY GOODS OR SERVICE IS NOT SOLD, I WILL BE NOTIFIED, AND IT IS MY RESPONSIBILITY TO PICK IT UP. WHEN AN ITEM IS SOLD, DONOR WILL BE CONTACTED AND, IF APPLICABLE, RECEIVE HIS/HER INVESTED COST.

I ALSO UNDERSTAND THAT MY GOOD WILL BE STORED BY MISSION MARKET, AND THEY WILL DO THEIR BEST TO KEEP IT SAFE AND IN GOOD CONDITION. I DO NOT HOLD MISSION MARKET RESPONSIBLE FOR DAMAGE OR THEFT.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\*\* CALL KATE SCHLAGBAUM (440) 223-2013 TO MAKE AN APPOINTMENT TO DROP OFF YOUR GOODS ON WEDNESDAYS BETWEEN 7-8PM.

\*\* IF YOU ARE OFFERING A SERVICE, PLEASE RETURN FORM TO:

MISSION MARKET  
THE FEDERATED CHURCH  
P.O BOX 60  
CHAGRIN FALLS, OHIO 44022