

**NCA 2004 NATIONAL SPECIALTY
CONSIGNMENT SHOP RESERVATION FORM**

Mail to: Carol Thonn
301 W. 4th, Box 202 * Leaf River, IL 61047

Deadline is March 15, 2004

SPACE IS LIMITED

Name _____

Address _____

City, State & Zip _____

Phone () _____

Email _____

Type of Product(s) to be Sold: _____

I understand that the fee (no fee will be charged to Rescue Groups) to sell a product/item in the consignment shop is 20 percent and that all items must be brought to the shop beginning noon on Monday, April 19—no shipments will be accepted. I also agree to donate several hours of my time to assist in manning the shop.

Signature _____

For NCA Use Only

Consignment Number Assigned: _____

Date confirmation sent: _____