

# KILN FIRE DROP OFF FORM



NAME

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PHONE

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EMAIL

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DATE (BROUGHT IN)

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TYPE OF WORK

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CLAY USED

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NUMBER OF ITEMS

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WEIGHT

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PAID \$

(CLAY CARTEL MEMBER SIGNATURE NEEDED)

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FOR BISQUE  YES  NO

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FOR GLAZE  YES  NO

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GLAZES USED

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INITIALS/MAKERS MARK

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I UNDERSTAND THAT WHILE ALL CARE WILL BE TAKEN WHILE MY PIECES ARE BEING FIRED AT CLAY CARTEL, CLAY CARTEL IS NOT RESPONSIBLE FOR ACCIDENTS, BREAKAGES, GLAZE MISHAPS, CRACKS IN MY WORK, GLAZE APPLICATION AND VARIATIONS OR GLAZE COMBINATIONS. CLAY CARTEL WILL INVOICE FOR ANY DAMAGES CAUSED BY GLAZE OR CLAY RUNNING, MELTING OR EXPLODING IN THE KILN.

SIGNATURE

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