



Sammamish Kiwanis Ski & Sports Swap Sign-in / Inventory Sheet



Name: _____ Vendor #: _____
 Address: _____ Phone #: _____
 _____ E-Mail: _____

Percentage of sales donated to Sammamish Kiwanis*: 30% (minimum) 100% other _____%

<u>Item #</u>	<u>Item Description</u> (Include brand, length, size, color)	<u>Price</u>	<u>Sold</u>
1	_____	\$ _____	<input type="checkbox"/>
2	_____	\$ _____	<input type="checkbox"/>
3	_____	\$ _____	<input type="checkbox"/>
4	_____	\$ _____	<input type="checkbox"/>
5	_____	\$ _____	<input type="checkbox"/>
6	_____	\$ _____	<input type="checkbox"/>
7	_____	\$ _____	<input type="checkbox"/>
8	_____	\$ _____	<input type="checkbox"/>
9	_____	\$ _____	<input type="checkbox"/>
10	_____	\$ _____	<input type="checkbox"/>
11	_____	\$ _____	<input type="checkbox"/>
12	_____	\$ _____	<input type="checkbox"/>
13	_____	\$ _____	<input type="checkbox"/>
14	_____	\$ _____	<input type="checkbox"/>
15	_____	\$ _____	<input type="checkbox"/>
16	_____	\$ _____	<input type="checkbox"/>
17	_____	\$ _____	<input type="checkbox"/>
18	_____	\$ _____	<input type="checkbox"/>

I hereby release Sammamish Kiwanis and PLCC from any responsibility for injury or loss of property regarding this sale

X _____

PLEASE RETURN TODAY BETWEEN 2:30 -- 3:30 PM TO CHECK OUT AND CLAIM ANY UNSOLD MERCHANDISE
Any items remaining after 3:30 pm will become the property of Sammamish Kiwanis

*Sammamish Kiwanis Foundation is a 501(c)3 organization – Tax ID# 27-2034872

www.sammamishkiwanis.org

For Sammamish Kiwanis Treasurers Use only:

Total Amt. Sold: _____ **Less % to Kiwanis** _____ **Amt Pd** _____ **Ck #** _____ **Cust. Init.** _____