JCYF AUCTION

BID FORM

For Office Use Only:
Rec'd by:_____
Date:_____
Time:_____

Buyer #: _____ Date: _____

Company Name:_____

Contact Name:_____

Phone:_____

Cell Phone:_____

*****DEADLINE for Auction Bids is Saturday Night at 7 p.m.!*****

Address: _____

City _____State_____Zip_____

E-Mail Address: _____

Name of Exhibitor	Bid Amount
Total:	

By submitting this form, I agree to pay and I authorize the amount bid above for the referenced exhibitors at the JCYF Auction.

A bill will be sent to you after the Auction. Payment is due within 45 days of date of Auction.

Return to auction@jcyf.org or any board member.

Thank you,
Auction Committee