

Item Number	Item Number Sticker	Seller's Name:	CHECK ONE CIRCLE:	
	Seller Item: _____ out of _____		I would like to donate this item if it does not sell on Saturday by 12:00pm <input type="radio"/>	I would like item to be sold at a 50% discount after 12:00pm if it didn't sell before. <input type="radio"/>
Sales Item (Product name, Manufacturer, description):		I would like item to be sold at a 25% discount after 12:00pm if it didn't sell before. <input type="radio"/>		
		Item remains full price with no additional discount after 12:00pm. <input type="radio"/>		

Sales Price: _____

Note that the sales price includes a 20% commission benefitting the SHS Nordic team. You will receive 80% of that price. A check will be mailed to you to the address you've provided. For questions or to contact us, use the contact form at www.sheridanskiswap.com

To check if your item sold, goto www.sheridanskiswap.com/itemstatus by 1:30pm on Saturday and look up the item number

Item Number	Item Number Sticker	Seller's Name:	CHECK ONE:	
	Seller Item: _____ out of _____		I would like to donate this item if it does not sell on Saturday by 12:00pm <input type="radio"/>	I would like item to be sold at a 50% discount after 12:00pm if it didn't sell before. <input type="radio"/>
Sales Item (Product name, Manufacturer, size, identifying details):		I would like item to be sold at a 25% discount after 12:00pm if it didn't sell before. <input type="radio"/>		
		Item remains full price with no additional discount after 12:00pm. <input type="radio"/>		

Sales Price: _____

Note that the sales price includes a 20% commission benefitting the SHS Nordic team. Seller will receive 80% of that price. A check will be mailed to seller to the below provided address. For questions or to contact us, use the contact form at www.sheridanskiswap.com

Make check out to: (Name or organization)
(only needed on first seller item sheet)

Mailing address for check: (only needed on first seller item sheet)

Name: _____

Street, apartment: _____

City, Zip Code, State: _____

Seller Phone Number:
(only needed on first seller item sheet)

EMIT Employee Yes No

Seller Signature: _____

If item does not sell, I will pick item up between 2-4pm on Saturday. I understand that the item goes into SHS possession and will be lost to me if I have not picked it up by 4pm on Saturday.

leave blank

The next area can be used to provide additional information to help potential buyers:

SKI/Snowboard: Type: MFG & Year: Model: Length: Optimal weight range: Binding/other:	Boots: Size: Binding system: New/Used:	OTHER:
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