



## Sammamish Kiwanis Ski & Sports Swap Sign-In / Inventory Sheet



Name: \_\_\_\_\_ Vendor #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 \_\_\_\_\_ E-Mail: \_\_\_\_\_

Percentage of sales donated to Sammamish Kiwanis\*:  25% (minimum)  100%  other \_\_\_\_\_%

I would like to donate my unsold merchandise to Sammamish Kiwanis and have my check mailed to the address above

Item #	Item Description (Include brand, length, size, color)	Price	Sold
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"/>
19	_____	\$ _____	<input type="checkbox"/>
20	_____	\$ _____	<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 -- 4:00 PM TO CHECK OUT AND CLAIM ANY UNSOLD MERCHANDISE**  
**Any items remaining after 4:00 pm will become the property of Sammamish Kiwanis**

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

[www.sammamishkiwanis.org](http://www.sammamishkiwanis.org)

*For Sammamish Kiwanis Treasurers Use only:*

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