



JCYF AUCTION

BID FORM

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

Buyer #: _____

Date: _____

Company Name: _____

Contact Name: _____

Phone: _____

*****DEADLINE for Auction Bid is Ucwtf c{ 'Plj v at 7 p.m.!*****

Cell Phone: _____

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, Oct. 10, 2020.

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

Thank you,
 Auction Committee