



# North Bay Nordic Ski Exchange 2019 Seller Inventory Sheet

Name: \_\_\_\_\_ Seller #: \_\_\_\_\_ (Seller leave blank)

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

\*20% of revenue from the sale will go toward North Bay Nordic Programs

\*\* Proceeds and/or unsold equipment must be picked up at clubhouse between 11:00am-1:00pm on the day of ski exchange event, November 9, 2019\*\*

| <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"/> |
| 19            | _____  | \$ _____     | <input type="checkbox"/> |
| 20            | _____  | \$ _____     | <input type="checkbox"/> |

I hereby release North Bay Nordic Ski Club from any responsibility for injury or loss of property regarding this sale X \_\_\_\_\_

*For Treasurers:*

Total \$ Sold (without HST) \_\_\_\_\_ Total HST \_\_\_\_\_ Total \$ Owed to Seller (80% of sale price) \_\_\_\_\_