

# CNYAS MEETING AUCTION FORM

**Please print**

Seller Name: \_\_\_\_\_

If nonmember, please fill out information box below:

Address: _____
City/State: _____ Zip: _____
Phone: _____

	Item (Fish Name or Description)	Check for Donation	Selling Price
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

<p><b>Treasurer Use Only:</b></p> <p>Seller Split: \$ _____</p> <p>Ck #: _____ Date: _____</p>
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Total