

# Cabin Fever Flea Market REGISTRATION FORM

Name of Seller \_\_\_\_\_ ID Code (Initials) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

(Mark each item with a tag, your initials and a number corresponding to the number on the list)

Item Description	Price	If Negotiable Check Below	Sold Price
1. _____	\$ _____	_____	\$ _____
2. _____	\$ _____	_____	\$ _____
3. _____	\$ _____	_____	\$ _____
4. _____	\$ _____	_____	\$ _____
5. _____	\$ _____	_____	\$ _____
6. _____	\$ _____	_____	\$ _____
7. _____	\$ _____	_____	\$ _____
8. _____	\$ _____	_____	\$ _____
9. _____	\$ _____	_____	\$ _____
10. _____	\$ _____	_____	\$ _____



TOTAL SALES \$ \_\_\_\_\_

- LESS 20% - \$ \_\_\_\_\_

DUE SELLER \$ \_\_\_\_\_