CONTROL FORM

| NAME STREET CITY STATE ZIP | PLEASE PRINT BELOW NAME & ADDRESS | | PERMISSION IS GIVEN TO DONATE THIS ARTICLE TO CHARITY IF NOT CLAIMED BY 3 PM DAY OF SWAP. DATE PHONE | |
|---|--|-------|--|-------|
| NOT RESPONSIBLE FOR LOST OR BROKEN ITEMS. | | | - POST SALE USE - DO NOT USE THESE COLUMNS | |
| | BRIEF ITEM DESCRIPTION | PRICE | SKI TEAM | DONOR |
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| THE PERMITTER ON THE | GIVEN TO DONATE THIS ARTICLE TO OT CLAIMED BY 3 PM DAY OF SWAP. | | | |
| X | TOTAL | S | | |

WHITE - SKI TEAM COPY • CANARY - RETURN TO DONOR WITH PAYMENT • PINK - DONOR'S CLAIM FORM