



Skate Swap Seller Form

WAIVER OF CONSENT AND INVENTORY LIST

Name: _____

Address: _____

Phone: _____

Email: _____

Number of items submitted: _____

For sold items, payment via Zelle or check will be sent within 10 business days. I UNDERSTAND THAT 10% OF THE PROCEEDS WILL GO TO THE Kingsgate Skating Club. IF I DO NOT PICK UP MY UNSOLD ITEMS BY 7 PM AT THE CONCLUSION OF THE SALE, THEY WILL BE DONATED TO THE KINGSGATE SKATING CLUB.

Signature: _____

Item no.	Item Description/Color/Size	Asking \$	Selling \$

BELOW: FOR KINGSGATE SKATING CLUB BOARD ONLY

Total number of items sold: _____ **Less 10%:** _____ **Total due:** _____

Board Member Name: _____ **Date:** _____