Band Name_____

Perf Day: Thurs, Fri, Sat, Sun

Perf time: ____:_____

Merchandise FORM – turn in with your merchandise

Group name on the merchandise:_____

Item: _____ Quantity checked in: _____

Item: _____ Quantity checked in: _____

Item: _____ Quantity checked in: _____

Item: _____ Quantity checked in: _____

Item: _____ Quantity checked in: _____

Item: _____ Quantity checked in: _____

Item: _____ Quantity checked in: _____

Item: _____ Quantity checked in: _____

Item: _____ Quantity checked in: _____

Item: _____ Quantity checked in: _____

Item: _____ Quantity checked in: _____

Number of items checked in (total):_____

Address to ship the unsold merchandise to:_____

_____

_____

Address to send the check to: _____

_____

_____