

CastleCon Bring and Buy Seller Registration Form

Seller Name: _____

Badge/Seller #: _____

Email Address: _____

Phone #: _____

Item #	Lots for Sale:	Prices			<i>Staff Use Only:</i>		
		<u>11:00 AM</u>	<u>1:00 PM</u>	<u>3:00 PM</u>	Price Paid	Commission	Net
1	_____	_____	_____	_____			
2	_____	_____	_____	_____			
3	_____	_____	_____	_____			
4	_____	_____	_____	_____			
5	_____	_____	_____	_____			
6	_____	_____	_____	_____			
7	_____	_____	_____	_____			
8	_____	_____	_____	_____			
9	_____	_____	_____	_____			
10	_____	_____	_____	_____			
11	_____	_____	_____	_____			
12	_____	_____	_____	_____			
13	_____	_____	_____	_____			
14	_____	_____	_____	_____			
15	_____	_____	_____	_____			
16	_____	_____	_____	_____			
17	_____	_____	_____	_____			
18	_____	_____	_____	_____			
19	_____	_____	_____	_____			
20	_____	_____	_____	_____			

Seller's Receipt for registered items.

No. of Lots Registered: _____

Totals

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Signature: _____