



Organization (Group) Name: _____

Participant Sales Record Form

PARTICIPANT'S NAME _____

PARTICIPANT'S PHONE _____

Make Checks Payable To :

ITEM LETTER	A		B		C		D		E		F		G		H		I		J		K		L		M		N		CUSTOMER DOLLAR TOTAL
	SUGGESTED SELLING PRICE		\$25.00		\$25.00		\$25.00		\$25.00		\$32.00		\$32.00		\$32.00		\$32.00		\$32.00		\$32.00		\$59.00		\$7.00		\$3.50		
CUSTOMER NAME ADDRESS & PHONE NUMBER	20" DECORATED WREATH		WHITE HOLIDAY CENTERPIECE		TABLE TOP ARRANGEMENT		DOOR SWAG		15 FT. Garland		CENTERPIECE BASKET		RED TRUCK ARRANGEMENT		HANGING BASKET		PATIO PLANTER		SNOWMAN ARRANGEMENT		26" DECORATED WREATH		MAIL ORDER WREATH		Cinnamon Scented Pine Cone Bag		BOW		
	QTY	\$ AMT	QTY	\$ AMT	QTY	\$ AMT	QTY	\$ AMT	QTY	\$ AMT	QTY	\$ AMT	QTY	\$ AMT	QTY	\$ AMT	QTY	\$ AMT	QTY	\$ AMT	QTY	\$ AMT	QTY	\$ AMT	QTY	\$ AMT	QTY	\$ AMT	
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