

# Relay For Life Silent Auction Bid Sheet



Item Name: \_\_\_\_\_

Estimated Value: \$ \_\_\_\_\_

Item Description: \_\_\_\_\_

Minimum Bid: \$ \_\_\_\_\_ Minimum Bid Increment: \$ \_\_\_\_\_

	Name	Phone Number	Bid Amount
1			
2			
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30			

Team or Individual Name: \_\_\_\_\_

Day of Relay – Contact Phone #: \_\_\_\_\_