

Armchair Auction Bid Form

This form must be filled out

Parent's Name: _____

Student's Name: _____ Room Number: _____

Phone Number: _____ E-mail: _____

Number of Bids: _____

Parent's Signature: _____

**Will not process without signature*

Please do not send in your payment with your bid sheet.

For your convenience, you may leave your credit card number and expiration date.
Your card will not be charged unless you are the winning bidder.

Credit Card Number: _____

Credit Card Expiration Date: _____

This is your only opportunity to bid on these wonderful teacher's outings.
You will not be able to place any bids at the Silent Auction. Please place this entire packet in the
"Armchair Auction" box in the office or give to your child's teacher.

Good Luck!

If you have any questions please contact
Krista Hopkins at 310-351-3121 or kristahopkins5@gmail.com.

All sales are final. No refunds or exchanges.

**RETURN TO OFFICE BY MONDAY, JUNE 1ST
NO EXCEPTIONS!**