Franklin County 4-H Auction
Group Bid Form

Exhibitor Name: _____

Species: _____ **Tag:** _____

Buyer/Donor		$ Amount	Check one:	
Name	Address		Paid*	Please Invoice

Buyer/Donor		$ Amount	Check one:	
Name	Address		Paid*	Please Invoice

Total: $ _____

*for amounts marked paid, please attach payment to this form