



Husfliden



Name: _____

Address: _____

Phone: _____

Total Number of Husfliden Sale Pages _____ Items _____

Check One

Item ✓ In	Item #	Style of Rosemaling / Discription	Price	Sold	Item ✓ Out	Mail Back	Actual Cost of Postage
	1		\$		P	M	
	2		\$		P	M	
	3		\$		P	M	
	4		\$		P	M	
	5		\$		P	M	
	6		\$		P	M	
	7		\$		P	M	
	8		\$		P	M	
	9		\$		P	M	
	10		\$		P	M	
	11		\$		P	M	
	12		\$		P	M	
	13		\$		P	M	
	14		\$		P	M	
	15		\$		P	M	
	16		\$		P	M	
	17		\$		P	M	
	18		\$		P	M	

Fill in form, make two copies (one for artist & one for cashier) and bring with on June 17th

Print multiple page copies as needed continuing with next consecutive number.

Artist # _____ Picked Up By _____

Last Name _____

