

ORDER FORM

School Name _____

Fundraising Chair Person / Phone Number _____

Student's Name _____

Grade/Teacher _____

Student's Phone _____

CUSTOMER'S NAME ADDRESS (No P.O. Boxes) and PHONE	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	AMOUNT DUE	
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			
10.																			
11.																			
12.																			
13.																			
14.																			
15.																			
TOTAL NUMBER OF ITEMS SOLD																			
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	AMOUNT DUE	

MAKE CHECKS PAYABLE TO: _____

Items are non-refundable.