



# Order Form

(Please make cheques payable to your fundraising organization)

Group/School/Team Name:

Leader/Teacher/Coach:

Seller Name:

Email:

Customer Name and Telephone Number

1 - - - - -

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10 - - - - -

TOTAL:

|       |       |       | Healthier Choices |      |      | Family Favourites |      |      |      |      |      |       |       |      |      |      | Seasonal Items<br>(Oct - Dec) |      |       |       | Gluten Free Products |       |       |  |          |  |
|-------|-------|-------|-------------------|------|------|-------------------|------|------|------|------|------|-------|-------|------|------|------|-------------------------------|------|-------|-------|----------------------|-------|-------|--|----------|--|
| DEL-1 | DEL-2 | DEL-3 | TC-1              | TC-2 | TC-3 | TC-4              | TC-5 | TC-6 | TC-7 | TC-8 | TC-9 | TC-10 | TC-11 | F-28 | F-29 | F-30 | F-31                          | GF-1 | GF-15 | GF-19 | GF-16                | GF-17 | GF-18 |  |          |  |
|       |       |       |                   |      |      |                   |      |      |      |      |      |       |       |      |      |      |                               |      |       |       |                      |       |       |  | \$ TOTAL |  |
|       |       |       |                   |      |      |                   |      |      |      |      |      |       |       |      |      |      |                               |      |       |       |                      |       |       |  |          |  |

\* PLEASE FILL OUT YOUR ORDER FORM WITH ALL REQUIRED DETAILS \*

