

Student Order Form

Please return this form by October 9, 2018

School Name:

Teacher:

Student Name: _____

Student Contact Info (optional): _____

Pickup Info (for delivery	Customer Information			Bundle A	Bundle B	Total \$	Payment Method	
day)	Name	Email	Phone	\$14	\$15	(\$A + \$B)	Cash	Cheque
Called □ Picked up □				x\$14=\$	x\$15=\$	= \$	= \$	= \$
Called □ Picked up □				x\$14=\$	x\$15=\$	= \$	= \$	= \$
Called □ Picked up □				x\$14=\$	x\$15=\$	= \$	= \$	= \$
Called □ Picked up □				x\$14=\$	x\$15=\$	= \$	= \$	= \$
Called □ Picked up □				x\$14=\$	x\$15=\$	= \$	= \$	= \$
Called □ Picked up □				x\$14=\$	x\$15=\$	= \$	= \$	= \$
Called □ Picked up □				x\$14=\$	x\$15=\$	= \$	= \$	= \$
Called □ Picked up □				x\$14=\$	x\$15=\$	= \$	= \$	= \$
				Total Bundle A	Total Bundle B	Grand Total \$	Total Cash Attached \$	Total Cheques Attached \$