

BOOKING RESERVATION FORM

GROUP INFORMATION:			
School/Account Name:		Purchase Order #: FB	
Advisor Name:		Total Enrollment:	
Street Address:		Group:	
City:	State:	Zip:	Residence <input type="checkbox"/>
Business Ph:	Ext:	Fax #:	
Advisor Home Ph:		Cell Phone:	
Advisor Email:			
Alt Contact:		Alt Phone:	

SALE INFORMATION:		
Profit: 50%	Tax Exempt: <input type="checkbox"/>	Sales Tax: State _____ County _____
<input type="checkbox"/> Pre-Collect	<input type="checkbox"/> Post-Collect	Est Retail: \$
Sale Dates:	/ / Sale Start Date	/ / Sale End Date
/ / Submit Order Date	/ / Delivery Request Date	/ / Closeout Date

IMPORTANT: Allow up to 3 weeks for delivery from date orders are received.

BROCHURES USED:	PRIZE PROGRAM USED:
<input checked="" type="checkbox"/> 2011 Holiday Gift/Holiday Fundraiser Catalog (Gift catalog)	<input type="checkbox"/> The Best Prize Program
<input type="checkbox"/> Sense of Style 2 (Jewelry catalog)	<input type="checkbox"/> No Prize Program
<input type="checkbox"/> Sense of Style 3 (Jewelry Catalog)	<input type="checkbox"/> Pack Prizes in Student Box (pre-collect)
<input type="checkbox"/> Other	<input type="checkbox"/> Pack Prizes by Class (post-collect)

SHIP INFO:	
Ship via:	<input checked="" type="checkbox"/> UPS Ground <input type="checkbox"/> LTL <input type="checkbox"/> Pickup <input type="checkbox"/> Other
Ship to:	<input type="checkbox"/> Distributor <input type="checkbox"/> School <input type="checkbox"/> Other

OTHER INFORMATION:

DISTRIBUTOR:	
Distributor: FASTTRACK FUNDRAISING	Ph: 866-432-7838
Email: ORDERS@FASTTRACKFUNDRAISING.COM	Cell:
Distributor Signature:	Date:

Advisor Signature:	Date:
Your signature above indicates acceptance of all the terms and conditions of this contract.	

Office Use Only		
Request No:	Customer No:	Date Recd:

