

## 9th Annual Holiday OpeSSn House

Thursday, November 12th, 2015

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Name:	
Phone Number:	Date:
Pure Privilege Number (if applicable):	

These forms must be TURNED IN by Friday, October 16th. Once a form is submitted, changes cannot be made.

A new form will have to be filled out due to the high volume of orders we receive.

<u>Product Line</u>	Product (Please be very specific)	Employee (to rec. product)	<u>Size</u>	Qty.	<u>Price</u>
1					\$
2					\$
3		· -			\$
4		· -			\$
5				-	\$
6	· -				ONLY \$
7					ð
8					
9					OFFICE  **
10		_			<b>OFI</b>
	_				FOR \$
	_				Φ
	_				\$
			_		\$
	Your credit card information will b		ed in		\$
Yo	ou will be contacted within the first rders will not be rung through or a	2 weeks of November with you	r order total.		Total: \$
Holiday Event Return P	olicy: Due to the high volume of orde	rs we receive during this time, we	will be very strict	with our 14 day	CC on File
return policy. All prod	ucts must be unopened, and receipt i	must be present. We will only offe	er an exchange or ir	n-store credit.	Guest Service Initials