



ATHLETE NAME: _____

PARENT NAME: _____

EMAIL: _____

PHONE: _____



ORDER FORM	# of bars	VARIETY PACK	CARTON VARIETY PACK	CARMEL ONLY	CRISP ONLY	ALMOND ONLY
\$1 BAR	60		---			
\$2 BAR	30			---		
	# of cartons	# OF BOXES ORDERED				
CHOCOLATE ALMONDS	60					
CARMEL WHIRLS	30					
MINT MELTAWAYS	30					
TOTALS	Box Profit: \$22 Almonds: \$44	Box Cost: \$38 Almonds: \$76	TOTAL BOXES ORDERED:	COST PAID: (cost x #)	POTENTIAL PROFIT: (Profit x #)	

PAY FOR THE BOX; KEEP THE PROFIT. COMPLETE THIS FORM BY NOVEMBER 1ST TO ORDER.