ORDER FORM

RETURN DATE: October 4 | DELIVERY DATE: October 22

MY NAME: _____

PHONE #: _____

ORGANIZATION: River Falls Gymnastics Club

MAKE CHECKS PAYABLE TO: River Falls Gymnastics Club

ALLERGEN NOTICE

PRODUCTS CONTAIN EGG, MILK, SOY, WHEAT. PRODUCTS DO NOT CONTAIN NUTS, BUT ARE MANUFACTURED IN A FACILITY AND ON EQUIPMENT WHICH PROCESSES NUT PRODUCTS.

	CUSTOMER NAME	PHONE NUMBER	$13 EACH					$13		$14		ITEMS	AMOUNT
			STRAWBERRY & CREAM CHEESE	APPLE	CINNAMON	BLUEBERRY & CREAM CHEESE	RASPBERRY	CARAMEL ROLLS	CINNAMON ROLLS	HERB & CHEESE	BAVARIAN CRÈME		
1.													$
2.													$
3.													$
4.													$
5.													$
6.													$
7.													$
8.													$
9.													$
10.													$
11.													$
12.													$
13.													$
14.													$
15.													$
16.													$
17.													$
18.													$
	TOTAL EACH COLUMN		ST	AP	CI	BL	RA	CR	CN	HC	BC	ITEMS	AMOUNT
													$

DO NOT *include online orders on this form*

888-494-9585
WWW.KITTELSONMARKETING.COM
INFO@KMCMN.COM

THANKS SO MUCH FOR YOUR SUPPORT!

PRODUCTS ARE EXCLUSIVE TO FUNDRAISING AND NOT SOLD IN RETAIL STORES
PASTRIES – 22 OZ. | CARAMEL/CINNAMON ROLLS CONTAIN 9 INDIVIDUAL ROLLS – 23 OZ.