



Order Form

Parent/Guardian Name:

In support of (Athlete Name):

Phone:

E-mail:

Gala- \$30 (#of boxes) : _____

Ambrosia- \$30 (#of boxes) : _____

Okanagan Blend- \$32 (#of boxes) : _____

Grand Total:

\$

Payment Method: Cash/Cheque (please circle)

Office Use Only

Received by CSR : _____ (Name & Date)

Keep order form & make a copy for the customer to keep

Order Deadline: 10/12/2022

Pick up Date: 10/26/2022 (OGC Foyer)