

West Morris Central Ice Hockey Supermarket Card Fundraiser

Order
Form

Thank you for your participation.
Your sponsorship is very important to us.

DATE: _____



SOLD TO: Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Please fill out the form below and follow instructions for order requests.

TYPE OF CARD - A&P OR SHOPRITE	AMOUNT	CHECK #	DATE
FREQUENT BUYER			
Indicate advanced orders below and post date your check for the date of delivery.			
TYPE OF CARD - A&P OR SHOPRITE	AMOUNT	CHECK #	DELIVERY DATE

Make checks payable to WMCIH Booster Club
Full Payment is due upon receipt of cards

Please submit order form and payment to one of the chairpersons below:
 Ed Sommerkorn: 908-850-8579 or 973-229-7532 esommerkorn@verizon.net
 Tricia Williams: 908-578-0942 prw412@yahoo.com

For proper player credit - Please complete the Player information below if different from purchaser information above.

Player: _____

Phone: _____ E-mail: _____