

FUNDRAISING REP: _____

<input type="checkbox"/> New Group
<input type="checkbox"/> Renewal Group

FOR OFFICE USE ONLY

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ORGANIZATION/BILLING ADDRESS		
ORGANIZATION:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE (ORGANIZATION):		
CHAIRPERSON:		
CHAIRPERSON EMAIL:		
CHAIRPERSON CELL PHONE:		
CO-CHAIRPERSON NAME:		
CO-CHAIRPERSON EMAIL:		
CO-CHAIRPERSON CELL PHONE:		
SALE DETAILS		
START DATE:	END DATE:	# OF SELLERS:
<input type="checkbox"/> DIRECT SALE <input type="checkbox"/> FUNDRAISER		
DELIVERY ADDRESS		
<input type="checkbox"/> ORGANIZATION ADDRESS ABOVE		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
NOTES:		
PARENT LETTER		
<input type="checkbox"/> Parent Letters Requested Quantity: _____		

PRODUCTS:	GROUP PROFIT:
<input type="checkbox"/> COUPON BOOK MARKET:	%
<input type="checkbox"/> APPAREL:	\$
<input type="checkbox"/> CUSTOM BOOKLET:	%
<input type="checkbox"/> FIRST AID KITS:	%
<input type="checkbox"/> CATALOG/BROCHURE:	%
<input type="checkbox"/> POPCORN:	%
<input type="checkbox"/> COOKIE DOUGH:	%
MINIMUM ORDER ADJUSTMENTS:	
# UNITS / \$ SOLD:	GROUP PROFIT %:
# UNITS / \$ SOLD:	GROUP PROFIT %:
# UNITS / \$ SOLD:	GROUP PROFIT %:
SPECIAL INSTRUCTIONS / NOTES / PRIZES	

1. By signing and submitting this reservation form, you are agreeing to begin the SaveAround fundraiser within 10 days of the Start Date listed above. SaveAround reserves its inventory in advance to assure your start date. A change in primary contact does not allow you to cancel your fundraiser.
2. SaveAround products must be sold for the published retail price.
3. Payment is due to SaveAround for all sold within 30 days after your group End Date.
4. You will receive periodic billing statements, treat these as statements of account and nothing is due until sales results are known.

Thank you for the opportunity to support you!

SIGNATURE - SALES REPRESENTATIVE

SIGNATURE - SPONSOR / PAYMENT CONTACT
(Must include email & cell phone above)

DATE