

Teacher Name: _____

Return Order Date: **03/09/23**

Delivery Date: **04/05/23**

My Name: _____ My Phone: _____

Organization/Checks Payable: **Horizon PTO**

Contact Name: Nicole Quinn Contact Email: brian.nicole.quinn@gmail.com

Perfection	Chocolate	Decadence	Nutty	Sweets	Cookies	Bliss	Childhood	ALLERGEN NOTICE: Products may come into contact with eggs, dairy, soy, wheat, and/or nuts (including peanut butter and oils). We are not a nut-allergy-friendly environment, and all of our cupcakes contain dairy!

Please collect payment when taking orders.



	Customer Name & Address	Phone	\$22	\$22	\$22	\$22	\$22	\$22	\$22	\$22	\$22	Items	Amount
1	Your Family's Order Here												\$
2													\$
3	Check with Other Family												\$
4													\$
5	Ask your teachers or coaches												\$
6													\$
7	Post your form on Facebook												\$
8													\$
9	Mom or Dad could sell at work												\$
10													\$
11	Ask your friends												\$
12													\$
13	Sell to neighbors with a parent												\$
14													\$
15	Check with your Aunts and Uncles												\$
16													\$
17	Post your form on Instagram												\$
18													\$
19	Ask your doctor or dentist												\$
20													\$
			PF	CH	DE	NU	SW	CO	BL	CD	Items	Amount	
Please Total:													