



enjoy coupon book

2012 ORDER FORM

GROUP NAME _____

PLEASE RESERVE _____ 2012 ENJOY COUPON BOOKS

NUMBER OF BROCHURES NEEDED: _____

CHAIRPERSON _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ EVENING PHONE _____

E-MAIL ADDRESS

TREASURER/CO-CHAIRPERSON _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ EVENING PHONE _____

DELIVERY ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ EVENING PHONE _____

(CIRCLE ONE: THIS ADDRESS IS A HOME, BUSINESS, CHURCH OR SCHOOL)

SIGNATURE _____ **DATE** _____

(NOTE: SHOULD YOUR GROUP NEED TO REORDER ADDITIONAL BOOKS, WE WILL GET THEM TO YOU)