

STUDENT NAME: _____
FIRST & LAST PLEASE

GRADE: _____ **CLASSROOM:** _____

**** ADULT DESIGNATED TO PICK UP THIS ORDER: ****

NAME

PHONE

**** PICK UP IS MADE BY ONE PERSON PER FORM ****

PICK UP DAY

THURSDAY, May 9th 3:30 -

5:30pm

Anything not picked up by 5:30 will be considered a donation to Staff.



PAPER FORMS REQUIRE ONE COMPLETE PAYMENT.

**ORDERS DUE:
Friday, April 26,
2024 by NOON**

*CASH, CHECK, OR VENMO @RVDHpta
(Individual payments not accepted.)

ONE (1) PAYMENT PER FORM

NAME	PHONE NUMBER	Choc Chocolate Chip	Classic Vanilla	Confetti	Lemon	Red Velvet	Strawberries & Cream	TOTAL BUNDLETS	COST	TOTAL PAID	COLLECTED
1									X \$6.00	\$	<input type="checkbox"/>
2									X \$6.00	\$	<input type="checkbox"/>
3									X \$6.00	\$	<input type="checkbox"/>
4									X \$6.00	\$	<input type="checkbox"/>
5									X \$6.00	\$	<input type="checkbox"/>
6									X \$6.00	\$	<input type="checkbox"/>
7									X \$6.00	\$	<input type="checkbox"/>
8									X \$6.00	\$	<input type="checkbox"/>
9									X \$6.00	\$	<input type="checkbox"/>
10									X \$6.00	\$	<input type="checkbox"/>
TOTALS per Flavor on this line, please :									X \$6.00	\$	

I hereby submit full payment for the orders above and understand that I am responsible to pick up the Bundlets on Delivery Day and distribute them in a timely manner to those on this list. I am submitting ONE payment for the total amount on this form, by the following method:

CASH CHECK (Check# _____) or VENMO (from UserName _____) to @RVDHpta

TOTAL BUNDTS ORDERED	\$
TOTAL AMOUNT SUBMITTED	