

Order Form for "Scenes of Syracuse Calendar"

School/Org Name: _____ **Group/Club/etc:** _____
Address: _____ **Phone #:** _____
City/State/Zip: _____

Sales Person: _____ **Teacher:** _____ **Grade:** _____

Date: _____ Name: _____
 Address: _____
 City/State/Zip: _____
 E-mail: _____ Phone #: _____

Date: _____ Name: _____
 Address: _____
 City/State/Zip: _____
 E-mail: _____ Phone #: _____

Calendar Qty: x **\$15.00 = Total: \$** _____

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Cash Check Check# _____
 Credit Card: MC VISA AMEX DISCOVER _____
 CrCd#: _____ Expire Date _____
 Signature: _____

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 E-mail: _____ Phone #: _____

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Column 1 Total: \$ _____ **Column 2 Total: \$** _____ **Page Total: \$** _____