

FUNDRAISING COORDINATOR
2024 PRE-SELL MASTER ORDER FORM
 PLEASE FILL OUT COMPLETELY.

NAME: _____

ORGANIZATION: _____

TEAM OR ROOM #: _____ PHONE #: _____

MIDWEST BLEND \$10	WHITE CHEDDAR \$10	SWEET TEXAS HEAT \$10	KETTLE KORN \$10	GARLIC PARM \$10	CHEESY CHEDDAR \$10	PIZZA COMBO \$10	CY's FAVORITE \$10	SALTED CARAMEL \$10	HERKY's FAVORITE \$10	3 GAL BRICKTOWN TIN \$70	1 GAL UNIVERSITY OF IOWA \$40	1 GAL IOWA STATE \$40	1 GAL UNI \$40	1 GAL BRICKTOWN TIN \$40
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Weekly updates are appreciated - check for duplications!

		POPCORN FLAVORS										TINS			
WEEK 1	TOTAL QUANTITY OF EACH ITEM														
WEEK 2	TOTAL QUANTITY OF EACH ITEM														
WEEK 3	TOTAL QUANTITY OF EACH ITEM														
WEEK 4	TOTAL QUANTITY OF EACH ITEM														
	AMOUNT DUE	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Keep this copy for your records.

Send this copy for your order.

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