

GLASS ORNAMENT ORDER FORM

ORDERED BY

NAME _____
 ADDRESS _____
 CITY/ST/ZIP _____
 PHONE _____
 E-MAIL _____



DESCRIPTION

- Glass Ornament: Skates - Benefits Sarah Smiles Non-Profit _____
- Glass Ornament: Nutcracker Design, Year _____
- Glass Ornament: Nutcracker Design, Year _____

QTY	PRICE	TOTAL
_____	10.00	_____
_____	10.00	_____
_____	10.00	_____
	SUB-TOTAL	_____
	TOTAL	_____

Payment Received:

Date: _____ icechaletskatingclub@gmail.com

Method: _____

“Nutcracker” ornament sales benefit the Ice Chalet Skating Club non-profit;
 “Skates” ornament sales benefit the Sarah Smiles non-profit for injured skaters.

Thank you for your support!

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