

Western Varieties Wholesale Inc.

EVENT BOOKING FORM

Company / Social Committee Name:					DATE ORDER RECEIVED:			
					PART	ΓΥ DATE:		
					DELI	VERY DATE:		
IS YOUR COMPANY GST EXEMPT?					If yes, please provide documentation on letterhead			
Company Address:					Invoice To (Accounts Payable Contact Name):			
City	Province		Postal	Code	Email:			
					Phon	ne Number:		
Event Contact Information					Contact for Day of Event (emergencies only)			
Contact Name:					Name:			
Phone Number:					Phone Number:			
Fax Number:					Office Number:			
Cell Number								
Email:								
Deliver To Address:					Pick up?			
YOUR PARTY								
	r to have y	our FINAL	list of nu	mbers and/or	names	to us (in EX	CEL) at least 2 week	s prior to your
shipping/pick up o	date. A ter	•					arties. Send it back t	to us by email.
Do you want us to pio	k the gifts		No No	is due upon r	eceipt (of invoice		
Use last year's price?	in the Birts	Yes	No	New Prio	¢			
Gift wrapped?		Yes	No	Labels?	Yes	No	Gender & Age	Name & Age
FUN CHRISTMAS ADD-	ON'S							
JuJubes @ \$2.75 /bag	Yes	No						
Gum Drops @ \$ 2.75 /b.	_{ag} Yes	No						
Surprise Loot/Gift Bag	s Yes	No						
Cost/bag		\$5	\$10	\$15 Cu:	stom	\$		

I have read and agree to Western Varieties Wholesales terms and conditions located at www.westernvarieties.ca AUTHORIZED SIGNATURE:

www.westernvarieties.ca T: (780)439-1211 F: (780) 439-2811 christmas.westernvarieties@telus.net