My name is_____

Address _____

My goal is to sell _____items

Date to return brochures _____

Thank you for your support of the

_____

(Organization)

**CUSTOMER'S NAME, ADDRESS AND PHONE**

| | B1 | B2 | B3 | B4 | B5 | B6 | B7 | B8 | B9 | B10 | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 26" BALSAM WREATH $21 | 36" BALSAM WREATH $36 | 48" BALSAM WREATH $55 | 60" BALSAM WREATH $68 | 26" FALLEN HERO WREATH DONATION $20 | BALSAM CROSS $28 | 25' BALSAM GARLAND $35 | BALSAM CANDY CANE $28 | 32" EVERGREEN PLANTER REGULAR $40 | 42" EVERGREEN PLANTER SUPERSIZED $60 | 20" MIXED NOBLE FIR WREATH $28 | 36" MIXED NOBLE FIR WREATH $50 | 24" PREMIUM DECOR. BOXED WREATH $48 | MIXED NOBLE SWAG $19 | HANGING FESTIVAL HOLIDAY CHANDELIER $33 | 4' MANTELPIECE/ CENTERPIECE $42 | 12" HOLIDAY YULE LOG $22 | FIRE STARTER BASKET $21 | CEMETERY EASEL $8 | AMT. DUE |
| **Sample:** | *John Smith, 131 Oak St., 922-5014* | | | | | *0* | | | *0* | | | | *0* | *0* | | | | | | *$00* |
| 1 | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | |
| **MY TOTAL SALES** | | | | | | | | | | | | | | | | | | | | AMT. DUE |

*ORGANIZATIONAL RECORD*

Your name

Troop_____ Phone Number_____

Email Address_____