

FUNDRAISING RESERVATION FORM

www.crossmountainpress.com

School: _____

Address: _____

Primary Contact for Fundraising: _____

Phone Number: _____

Email Address: _____

Web Address: _____

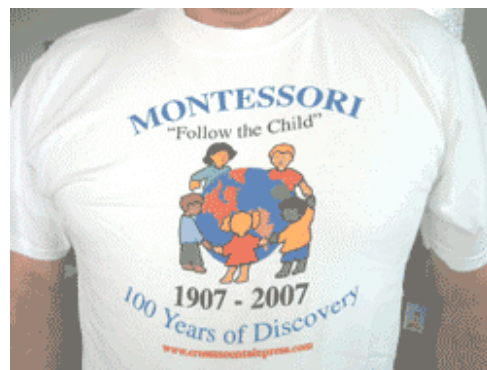
Tax ID#: _____

Total Students Enrolled: _____

Total # School Staff: _____

Desired Start Date: _____

Desired End Date: _____



Terms & Conditions: This confirms that it is our intention to conduct a Cross Mountain Press fundraising sale during the dates specified. We understand that all personal checks will be made payable to our organization and we in turn will make payment to Cross Mountain Press. We acknowledge that all sales are final; also that the order is to be pre-paid.

I have read, understand and agree with the General Terms and Conditions listed above and have authorization to sign on behalf of my organization.

Signature _____

Date _____