

GROUP SIGNUP FORM

Valentine's Day 2009 Flower Fundraiser

School Name:			- W. A. S.
School Address:			
City:	State:	Zip:	
School Phone:	School Fax:		
Fundraising Coordinator:			
Coordinator's Daytime Phone:	(Required)		
Coordinator's Evening Phone:	` ' '		
Coordinator's Email Address:	,		
SALES MATERIALS Your Fundraising Sales Kit will be e above as soon as this Group Sigr Mention the following code when	nup Form is processed	ł.	

If you have questions, please call Kristy at Floral Express's customer support at 1-800-888-3988

COMPLIANCE AGREEMENT



I am 18 years or older I am the coordinator for this fundraiser, and I am authorized to order products for the organization and to be responsible for this fundraiser. All of the contact information I have provided is accurate and I can be contacted at the provided phone number, address and email.

If for some reason our group does not collect orders for at least 16 bouquets, I understand that I am not under any obligation to place an order with Floral Express. I will call Floral Express and let you know of my cancellation of this Group Signup Form agreement.

Fundraiser	coordinator signature:
Name:	Phone:
FLOWE	THIS ORDER FORM DOES NOT CONSTITUTE A BINDING ORDER. RS WILL NOT BE SHIPPED WITHOUT RECEIPT OF FINAL ORDER AND PREPAYMENT

Please PRINT all information clearly. You may email or fax form. If you do NOT receive your Fundraiser Sales Kit via email within 48 hours, please notify Kristy by phone or email to confirm that your fax was received.

1-800-888-3988 • Fax: 760-931-5959 sales@floral-express.com

FLORAL EXPRESS GUARANTEES 100% SATISFACTION For refunds, email or call Kristy at Floral Express within 48 hours of delivery.

