

# WAVERLY BAND CALENDAR ORDER FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- **\$7.00** buys one (1) calendar and four (4) listings.
- Additional listings are \$0.50 each.
- If you need more space for extra listings, please use the back of this form.
- Please make check payable to **WAVERLY BAND**.

	Name (as you would like it to appear)	Date	Type
1.			
2.			
3.			
4.			

Listing Types

N - Band Member  
 B - Birthday  
 A - Anniversary  
 S - In Service  
 M - Deceased (In Memory of)

		TOTAL
# OF CALENDARS	_____ X \$7.00	\$ _____
# OF EXTRA LISTINGS	_____ X \$0.50	\$ _____
DONATION	➡	\$ _____
<b>TOTAL COLLECTED</b>	➡	\$ _____

For mail-in orders, send this form with a check for payment to:

**Lori Ross**  
 175 Woodland Park Road  
 Waverly, OH 45690

Questions: (740) 947 2073  
 Please return order by **9-30-10**

## Salesperson Information

Name: \_\_\_\_\_

Do you wish to deliver this calendar personally? Yes No

Route #: \_\_\_\_\_

Driver: \_\_\_\_\_