CUPBOP FUNDRAISER ORDER FORM

Raise Money. Build Confidence. Reach Your Goal.

CARD PRICE: $35.00 / Profit: $10.00

SELLER / NAME: _____

FIRST & LAST NAME - PRINT LEGIBLY

GROUP / TEAM: Sparta United SC MLS Next U16 _____

Submit payment and card quantities according to your group leader's instructions.

ITEM	DESCRIPTION	PRICE	QTY ORDERED	AMOUNT DUE
CUPBOP	**CupBop Foodie Card**	**$35.00**	_____	$_____

Each card sold helps support your group fundraising goal.

TOTAL YOUR ORDERS TWICE	TOTAL # CARDS:	TOTAL $ DUE:
	_____	_____

ORDER RESPONSIBILITY

This order is correct as stated. I understand that I am responsible for turning in the correct number of card orders and the correct amount of money according to my group leader's instructions.

SELLER / SIGNATURE: _____

Questions? Raise2Shine

hello@raise2shine.com

raise2shine.com • Raising more than money.