



## COOL SPRINGS NURSERY -FUNDRAISING PROGRAM 2011

# SIGN UP FORM

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

Fundraiser Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

\*Required Items –Must have two numbers that you can be reached out for shipping purpose and must have either a email or fax number

**FINAL ORDER DUE DATES: October 26, 2011**

Minimum order is \$1,000

Please remember, if you are planning an event actual delivery dates cannot be guaranteed. Also, we reserve the right to make minor changes in our product to maintain quality.

### **Please mark preferred delivery date:**

Have greens shipped before thanksgiving: (Delivery between Nov 15- Nov 23) \_\_\_\_\_

Have greens shipped after thanksgiving: (Delivery between Nov 25 – Dec 5) \_\_\_\_\_

I am 18 years of age or older. I am the coordinator for this fundraiser, and I am authorized to order product 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 and address. If for some reason the program does not work for our group, I understand that I am under no obligation to place an order. I will call your office and let you know if that is the case.

Fundraiser Contact Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please print all information clearly. You may fax or mail this form to our office.

Cool Springs Nursery  
9218 Hwy 105 Suite 2A  
Banner Elk NC 28604

Phone: 828.832.1036 Fax: 828.963.2546