Please print clearly.

Red Apple

Mr. Z's Fund Raising Since 1974

SELLER FIRST NAME/NOMBRE

SELLER LAST NAME/APELLIDO

PHONE NUMBER/NUMERO DE TELEFONO

LEGAL GUARDIAN'S NAME REQUIRED (IF SELLER IS UNDER 18 YEARS OF AGE)

TEACHER/MAESTRO

GRADE/GRADO

AWARD #
NÚMERO DEL PREMIO

Award #	Qty

DELIVERY ADDRESS (CANNOT DELIVER TO P.O. BOX)

ADDRESS LINE 2 (APT OR BUILDING IF APPLICABLE)

CITY

STATE

ZIP CODE

SCHOOL OR ORGANIZATION/ESCUELA O ORGANIZACIÓN

FOR OFFICE USE ONLY

For school use only:

Please enter amount collected from student here.

EMAIL ADDRESS

DO NOT ENTER INTERNET ORDERS ON THIS FORM. INTERNET ORDERS ARE PROCESSED AND SHIPPED SEPARATELY.

	CUSTOMER NAME & TELEPHONE NUMBER NOMBRE DEL CLIENTE Y NUMERO DE TELEFONO	Selection #1 / Pedido #1 CATALOG CODE / CÓDIGO DEL FOLLETO	QTY / CNT	DESCRIPTION / DESCRIPCIÓN	TOTAL PRICE / PRECIO EN TOTAL	Selection #2 / Pedido #2 CATALOG CODE / CÓDIGO DEL FOLLETO	QTY / CNT	DESCRIPTION / DESCRIPCIÓN	TOTAL PRICE / PRECIO EN TOTAL	TOTAL ITEMS TOTAL DE ARTICULO	TOTAL AMOUNT DUE CALCULA EL TOTAL DEL PEDIDO	PD ✓
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

TOTAL QTY	TOTAL $

TURN IN TOP COPIES AND KEEP BOTTOM COPY FOR YOUR RECORDS

Mantenga guardada la última hoja para su récord.
Entregue todos las prime ras hojas de la forma de pedido.

*TOTAL PRICE INCLUDES TAX WHERE APPLICABLE

Total Items All Pages: _____

Total Money All Pages: _____

White—Return to RA/MrZ; Yellow—School Copy; Pink—Student Copy

Page ____ of ____

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