



RESERVATION FORM

ORDER

Sales Representative:
 NAME:
 EMAIL:
 PHONE:

SCHOOL NAME:			GROUP NAME:
CHAIRPERSON:			DAYTIME CONTACT PHONE:
BILLING ADDRESS:			CHAIRPERSON'S HOME PHONE:
CITY:	STATE:	ZIP CODE:	CHAIRPERSON'S EMAIL ADDRESS:
SHIPPING ADDRESS (if Different)			SHIPPING CITY & ZIP (if Different)
PRINCIPAL'S NAME & EMAIL:			NUMBER OF CHILDREN IN YOUR SCHOOL
PRESIDENT'S NAME:			HOME TELEPHONE NUMBER
TREASURER'S NAME:			HOME TELEPHONE NUMBER
DID YOU RUN A SHOP LAST YEAR? () YES () NO IF YES, WITH WHOM? _____ AND HOW MUCH DID YOU PURCHASE FROM THEM? \$ _____ <i>(Please enclose a copy of invoice if available)</i>			
START DATE OF SHOP:	SHOP HOURS	DATE SHOP ENDS:	
ADDITIONAL INFO FROM REP:			Group selling price to give best value to our children: () 0% Service -- () 10% Profit -- () 20% Profit

Group's request for Product & Terms:

We understand that **THE ELF SHELF®** program is designed to run during school hours because it gives all children in our school the opportunity to shop in our "Safe - Non-Commercial" atmosphere.

Therefore:

1. In order to have enough merchandise for our children to purchase, without having to place a reorder, we wish to have \$ _____ worth of merchandise delivered to us.
2. We understand that all items will be billed to us at the group's wholesale price.
3. We understand that we may return all unsold merchandise for full credit and you will pay the freight both ways.
4. We understand we do not have to inventory the product when it arrives or when the sale is over as long as we keep the merchandise secure, use the company's accounting system, do our best to prevent shoplifting and remit all money due within 24 hours of completion of our sale. ____ Intl.
5. We understand we are to run the Gift Shop program like a "going out of business sale" for three or more days during school hours. ____ Intl.
6. We understand the company will provide us with FREE Flyers & Gift Guide Envelopes for _____ students and a FREE supply kit of Tablecloths and Gift Bags for the merchandise we have ordered.
7. We understand that there is no prepayment required and we agree to pay for product sold within 24 hours of completion of our Gift Shop sale.
8. We further understand that we may not cancel this agreement after October 1, 2016. ____ Intl.

DATE:	THE ELF SHELF® SALES REPRESENTATIVE:
Authorized Group Signature No. 1	Authorized Group Signature No. 2