SAFEWAY/SOBEY'S GIFT CARD ORDER FORM

Player Name:				Parent Name:								
Team:				Manager Name:								
Other players included of	n this fo	rm:										
Safeway/Sobey's gift cards car	n be redeer	ned acro	ss Canad	da								
	Number of cards per denomination				1							
Purchaser Name	\$10	\$25	\$50	\$100	\$250	\$500	Total (\$)	Cash	Cheque #			
Total Number of cards per denomination												

Cheques payable to Brooks Minor Hockey. Give all cash and cheques to your team manager before Monday, November 17, 2025

SouthCountry Co-op GIFT CARD ORDER FORM

Team:				Parent Name: Manager Name:							
, ,											
(Please see fundraising lette	r for location	s where t	his gift ca	rd can be rec	leemed.)		_				
	Number denom	er of card	ls per	Total (\$)	Cash	Cheque #					
Purchaser Name	\$25	\$50	\$100								
							1				
							1				
							1				
							1				
							-				
							-				
				1			-				
							-				
							4				
Total Number of cards per denomination											

Cheques payable to Brooks Minor Hockey. Give all cash and cheques to your team manager before Monday, November 17, 2025