SAFEWAY GIFT CARD ORDER FORM

Player Name: __Charlotte Tiffin______ Parent Name: __Lisa Tiffin______

Team: ____U9 Blue______ Manager Name: ___Geoff Tiffin______

Other players included on this form: _____Abby Tiffin (U7 Red)______

Purchaser Name	Number of cards purchased of each denomination						C h	Cheque
	\$10	\$25	\$50	\$100	\$250	Total (\$)	Cash	#
John Smith			3			\$150	150	
Jane Smith				2		\$100	100	
County of Newell					2	\$500		00982
Bob Smith		4				\$100	100	
Total number of cards per denomination		4	32	2	2	\$850		

Make cheques payable to Brooks Minor Hockey

TOTAL DUE: \$850

Give all cash and cheques to your team manager before Sunday, November 19th 2023