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)______

| | Number of cards purchased of each denomination | | | | | | Cask | Cheque |
|--|--|------|------|-------|-------|------------|------|--------|
| Purchaser Name | \$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 | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| Total number of cards per denomination | | 4 | 32 | 2 | 2 | \$850 | | |

Make cheques payable to Brooks Minor Hockey

TOTAL DUE: ____\$850