

# SAFEWAY GIFT CARD ORDER FORM

Player Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Team: \_\_\_\_\_ Manager Name: \_\_\_\_\_

Other players included on this form: \_\_\_\_\_

Purchaser Name	Number of cards per denomination					Total (\$)	Cash	Cheque #
	\$10	\$25	\$50	\$100	\$250			
Total Number of cards per denomination								

Cheques payable to Brooks Minor Hockey  
 Give all cash and cheques to your team manager before Sunday, November 17, 2024