



“YOU’VE BEEN FLOCKED”

Order Form

Name: _____

Phone: _____ Email: _____

The funds from this activity will be credited to the following:

_____ Student Name: _____ OR

_____ GLIMB General Fund

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Name of Person being Flocked: _____

Address of Person being Flocked: _____

Date of Flocking to Occur: _____

___ # of Flamingos @ \$2.00 ea. = _____ (Minimum # of flamingos is 10 & Maximum # of flamingos is 80)

Insurance AGAINST Flocking @ \$25.00 = _____

Total \$ = _____ ****Minimum Order of \$20.00****

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Check should be made payable to GLIMB. Order forms and checks may be sent to school in a sealed envelope with your student or mailed to: Marla Becker, c/o Computer Helper, 450 Beecher Rd., Gahanna, OH, 43230. Be sure to allow ample time for processing before flocking date. Once the order is received, Marla will contact you about flamingo pickup.

Date Received: _____ Check #: _____ Cash: _____

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(Tear here if purchasing insurance)
Flocking Insurance

This hereby guarantees that _____ has insurance against Flocking for One Year from date of purchase.

Purchase Date: _____ Signature: _____