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SCHOOL INFORMATION

CUSTOMER AGREEMENT CONTACT

SCHOOL NAME	PRINCIPAL'S NAME	SCHOOL SECRETARY'S NAME
SCHOOL ADDRESS	CITY/STATE	ZIP CODE
SCHOOL PHONE NUMBER	SCHOOL FAX NUMBER	ENROLLMENT AND GRADE LEVELS

INFORMATION

CHAIRPERSON	BEST PHONE	EMAIL ADDRESS
ADDRESS	CITY/STATE	ZIP CODE
TREASURER	BEST PHONE	EMAIL ADDRESS

DATES

START MONTH	DAY OF THE WEEK	DATE
END MONTH	DAY OF THE WEEK	DATE

PLEASE CHECK THE TOOLS & QUANTITIES NEEDED

FLYERS	COIN ENVELOPES	TABLECLOTHS	DOOR PANEL
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We understand that no other commercial merchandise may be sold with our Santa's Secret Shop®/Holiday Gift Shop® program without Fun Services written permission. However, craft items are acceptable.

SIGNATURE _____ DATE _____

UPON SIGNING THIS CONTRACT, YOUR MERCHANDISE WILL BE ORDERED. I UNDERSTAND THAT IT IS MY SCHOOL OR ORGANIZATION'S RESPONSIBILITY TO RUN THIS PROGRAM AS SCHEDULED. INITIAL HERE _____



Santa's Secret Shop & The Holiday Gift Shop

