

CALENDAR ORDER FORM

Organization Name: _____

Contact: _____

Phone Number: _____

Address: _____

Email: _____

Please fill out if you wish to have YOUR EVENT* placed in the Calendar

Name of Event

Date of Event

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

* Entries for YOUR EVENT must be received before October 15, 2011

Would you like your LOGO to appear
in the Calendar (please check)

Yes

No

How many Calendars would you like _____ x \$3.95 = _____

For any other inquiries contact us at:

Subtotal _____

HST (12%) _____

TOTAL _____

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