



**CALLAWAY PARK
ORDER FORM
FAX ORDER TO: 780.416.7706**



Date Purchased: _____

Price w/tax	# GUESTS	TOTAL COST
\$26.25 INCLUDES ALL TAXES	(Minimum of 15)	\$
	Processing Fee:	\$20.00
	TOTAL:	\$

Organization Name: _____

Contact Name: _____

Address: _____

City: _____ Prov.: _____ PO Code: _____

Phone: _____ Email: _____

Group Sales Rep: _____

Form of Payment:	Cash	Cheque	Visa/MC
Card #	_____		exp.: _____
Name on Card:	_____		
Customer Signature:	_____		
Notes:	_____		

