



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



Date Purchased: \_\_\_\_\_

Price w/tax	# GUESTS	TOTAL COST
<b>\$25.20</b> INCLUDES ALL TAXES	(Minimum of 15)	\$
	<b>Processing Fee:</b>	<b>\$20.00</b>
	<b>TOTAL:</b>	\$

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ PO Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Group Sales Rep: \_\_\_\_\_

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