



**RABBIT HILL  
ORDER FORM  
FAX ORDER: 780.416.7706**



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

Price w/tax	# TICKETS	TOTAL COST
25+ : \$22.00		\$
	Processing fee:	<b>15.00</b>
	<b>TOTAL:</b>	\$

**Please Send To:**

Fax 780.416.7706

Box 60, 6805-82 Avenue  
Edmonton AB T6B 0E9  
Toll Free 1.855-416-7744  
Edmonton Tel. 780.416-7744

**www.groupsales.com**

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/AMEX</b>
Card # _____			exp.: _____
Name on Card: _____			
Customer Signature: _____			
Delivery Method ( <i>circle one</i> ):			
	<b>MAIL-OUT</b>	<small>(FEE APPLIES, SEE ORDER BOX)</small>	<b>PICK-UP</b>
	<b>PICK-UP DATE:</b> _____	<b>Time:</b> _____	
Notes: _____			
_____			
_____			