



**CHOICE PASS  
ORDER FORM  
FAX ORDER: 780.416.7706**



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

Price w/tax	# GUESTS	TOTAL COST
<b>\$31.00</b>	(Minimum of 15)	\$
	Processing fee:	\$20.00
	<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/</b>
Card#	_____ exp.: _____		
Name on Card:	_____		
Customer Signature:	_____		
Notes:	_____		
	_____		
	_____		