

2012 TOQUE ORDER FORM



Company/Individual: _____

Mailing Address:

 (please make sure you include your postal code)

Contact Person: _____
 (please print name clearly)

Telephone #: _____ Email: _____

Item	Quantity Required
Toques (Please order in multiples of 10): Red w Checkerboard (cuffless) Driftwood (cuffless) Black with snowflake (cuffless)	_____ _____ _____
Toque Tuesday Posters (11" x 17")	
Tent Cards (5" x 5.5" x 4")	

- I will contact Pathways and arrange for pick up of my order.
- I will cover the shipping charges for Pathways to send my order.

Please complete and send this sheet to Lesley Sims at:

Fax: 905 475 5733

Phone: 905 475 6694

Email: lesley.sims@pathwaysyorkregion.org

Mailing address: 80F Centurian Drive Suite 206, Markham ON, L3R 8C1

Office Use Only:

Date Rec'd : _____

Processed By: _____

Date toques Sent: _____

Date toques picked up: _____