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$_____

IMPORTANT DATES TO REMEMBER

Order Turn in Date:_____ Delivery Date:_____

Seller's Name:_____

Seller's Phone #:_____

Teacher's Name:_____

Name	Address	Phone	A Commercial Cookie Sheet	B Quarter Size Pan	C Cover for Commercial Sheet Pan	D Cover for Quarter Size Sheet Pan	E Cooling Rack	F Set of 3 Basting Spoons	G Parchment Paper	Amt. Due
		TOTALS:								