Order Form

Goosebump Candles

Group Name

I am raising funds for

My name is

My Phone Number

Teacher/Coach

Customer Name	Address	Phone #	Scent #	Quantity	Total
				Subtotal	
				Total	

1 Birthday Cake
2 Cranberry
3 Christmas Mulberry
4 Downy April Fresh
5 Hot Baked Apple Pie
6 Bath & Body Sweet Pea
7 Cool Cucumber
8 Pumpkin Pie Spice
9 Vanilla Maple Pecan
10 Clean Cotton