

# GRAND HAVEN CHRISTIAN SCHOOL

## CHECK & CARRY T.R.I.P. ORDER FORM

Name of Person Ordering \_\_\_\_\_

Date \_\_\_\_\_

Family Tuition Acct. (if different than above) \_\_\_\_\_

Questions? trip@grandhavenchristian.org

Product	%	\$\$	Qty	Est Price	Product	%	\$\$	Qty	Est Price
Allied Waste / Republic Waste	10	\$20			Meijer	3	\$25		
<b>Amazon</b>	2	\$25			Meijer	3	\$100		
<b>Applebee's</b>	8	\$25			Menards	3	\$25		
Arby's	8	\$10			Mr. Scribs	10	\$10		
<b>Bed Bath &amp; Beyond</b>	7	\$25			Orchard Markets	5	\$25		
Burger King	4	\$10			<b>Panera Bread</b>	8	\$10		
Celebration/Loeks Cinema	4	\$10			Papa Murphy's	8	\$10		
Citgo Gas	3	\$25			<b>Pizza Hut</b>	8	\$10		
City Farmer	10	\$10			Russ' Restaurant	10	\$50		
Countryside Greenhouse	15	\$50			Southtown Wash/Oil	10	\$5		
Culvers	10	\$10			Speedway	4	\$25		
Dick's Sporting Goods	8	\$25			Speedway	4	\$50		
Dining Concepts	5	\$25			<b>Starbucks</b>	7	\$10		
<b>Domino's</b>	8	\$10			Subway	6	\$10		
D & W - Family Fare	2	\$25			Sweet Temp/Skoops/Frt Por	10	\$10		
D & W - Family Fare	2	\$100			<b>T.J.Maxx</b>	7	\$25		
Earth's Edge	10	\$25			Taco Bell	5	\$10		
Family Video	12	\$10			<b>Target</b>	2.5	\$25		
Franks Meat Market	5	\$10			<b>The Home Depot</b>	4	\$25		
<b>Gap/Banana Rep/Old Navy</b>	14	\$25			Walgreens	6	\$25		
GH Marathon Gas	5	\$50			<b>Walmart/Sam's Club</b>	2.5	\$25		
Goobers Bakery	10	\$10			<b>Walmart/Sam's Club</b>	2.5	\$100		
Goodrich Theaters	4	\$10			Wendy's	4	\$10		
Great Harvest Bread	6	\$10			Wesco	2	\$50		
Jo Ann Fabric & Craft	6	\$25			<b>Limited Time Only</b>				
<b>Kohl's-payable on charge</b>	4	\$25			<b>Bath &amp; Body Works</b>	12	\$10		
<b>Kohl's-payable on charge</b>	4	\$100			<b>Best Buy</b>	4.75	\$25		
Leppinks	5	\$50			<b>Cabelas</b>	8	\$25		
Little Caesars	8	\$20			<b>Dick's</b>	8	\$100		
<b>Logan's Roadhouse</b>	10	\$25			<b>Hallmark</b>	8	\$25		
Mackinaw Kite Co.	10	\$10			<b>JC Penney</b>	5	\$25		
Mancinos	15	\$10			<b>Mancinos</b>	15	\$25		
Fill in TOTAL Number of Cards & Cost					Fill in TOTAL Number of Cards & Cost				

Accepted Method of Payment: **Check** / Make Checks Payable to: **GHCS TRIP**

**Total # of Cards:** \_\_\_\_\_ **Total Cost:** \_\_\_\_\_

Please sign to verify the order was received accurately. If changes to quantity and/or cost need to be made, please adjust the form before writing check.

**OFFICE USE ONLY:** Please initial when order is verified \_\_\_\_\_