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
Allied Waste / Republic Waste	10	$20		
Amazon	2	$25		
Applebee's	8	$25		
Arby's	8	$10		
Bed Bath & Beyond	7	$25		
Burger King	4	$10		
Celebration/Loeks Cinema	4	$10		
Citgo Gas	3	$25		
City Farmer	10	$10		
Countryside Greenhouse	15	$50		
Culvers	10	$10		
Dick's Sporting Goods	8	$25		
Dining Concepts	5	$25		
Domino's	8	$10		
D & W - Family Fare	2	$25		
D & W - Family Fare	2	$100		
Earth's Edge	10	$25		
Family Video	12	$10		
Franks Meat Market	5	$10		
Gap/Banana Rep/Old Navy	14	$25		
GH Marathon Gas	5	$50		
Goobers Bakery	10	$10		
Goodrich Theaters	4	$10		
Great Harvest Bread	6	$10		
Great Lakes Chili Dogs	25	$4		
Jo Ann Fabric & Craft	6	$25		
Kohl's-payable on charge	4	$25		
Kohl's-payable on charge	4	$100		
Leppinks	5	$50		
Little Caesars	8	$20		
Logan's Roadhouse	10	$25		
Mackinaw Kite Co.	10	$10		
Mancinos	15	$10		
Fill in TOTAL Number of Cards & Cost				

Product	%	$$	Qty	Est Price
Meijer	3	$25		
Meijer	3	$100		
Menards	3	$25		
Mr. Scribs	10	$10		
Orchard Markets	5	$25		
Panera Bread	8	$10		
Papa Murphy's	8	$10		
Pizza Hut	8	$10		
Russ' Restaurant	5	$20		
Southtown Wash/Oil	10	$5		
Speedway	4	$25		
Speedway	4	$50		
Starbucks	7	$10		
Subway	6	$10		
Sweet Temp/Skoops/Frt Por	10	$10		
T.J.Maxx	7	$25		
Taco Bell	5	$10		
Target	2.5	$25		
The Home Depot	4	$25		
Walgreens	6	$25		
Walmart/Sam's Club	2.5	$25		
Walmart/Sam's Club	2.5	$100		
Wendy's	4	$10		
Wesco	2	$50		
Limited Time Only				
Bath & Body Works	**17**	**$10**		
Best Buy	**4.75**	**$25**		
Cabelas	**8**	**$25**		
Hallmark	**8**	**$25**		
JC Penney	**5**	**$25**		
Mancinos	**15**	**$25**		
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 _____