

## Blossom Blend Coffee Form

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Number of bags: \$10 Each**

Regular ground \_\_\_\_\_  
Decaf ground \_\_\_\_\_  
Regular whole bean \_\_\_\_\_  
Decaf whole bean \_\_\_\_\_

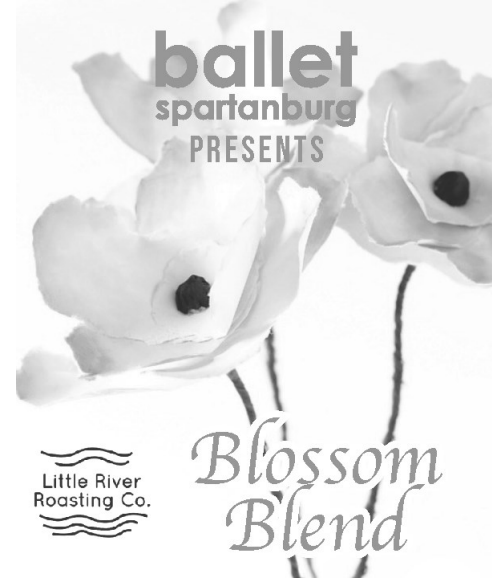
**Circle date to be picked up:**

Monday, May 6

Friday, May 10

Monday, May 13

Friday, May 17



**Total Amount due \_\_\_\_\_**  
**(Cash or Check Only)**  
**Checks payable to Ballet Spartanburg**

**Please turn form in one week prior to picking up coffee**