



## CFL FUNDRAISER REGISTRATION FORM

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Would you like to order a Bright Town School Assembly DVD?

Yes \_\_\_\_\_ Contact me \_\_\_\_\_

When would you like to hold your fundraiser? \_\_\_\_\_

How many students will participate in the fundraiser? \_\_\_\_\_

Please supply your tax exempt number so that we may verify if you qualify for a price discount: \_\_\_\_\_

Fax this request to 330-995-1053 or e-mail to [dwhite@tcpi.com](mailto:dwhite@tcpi.com).

Contact Dan White at 330-995-2417 for more information.

FOR OFFICE USE ONLY  
Discount Code \_\_\_\_\_