



Templestowe Valley Primary School ~ 4985
50th Anniversary
Commemorative Wine Glass Order Form

As you already know from the boards around the school, Compass messages, newsletters, flyer and emails that have been sent:

TEMPLESTOWE VALLEY PS IS TURNING 50!




To help celebrate and remember this very exciting milestone, we have organised a special commemorative item for purchase for your home.

TVPS 50 Year Logo Commemorative Glass

All guests who attended the 50th Anniversary Wine & Cheese Night held on October 10th, 2019 received a complimentary wine glass.

But we all know that one wine glass is simply not enough ~ it looks funny all by itself! You really need to have a pair! These glasses are not only a commemorative item, but incredibly functional. They're fabulous for wine and non-alcoholic drinks, and are the perfect size in which to create individual desserts for that special occasion. Prices are listed below:

	<i>Individual glasses</i>	\$15.00
	<i>Two (2) glasses</i>	\$25.00
	<i>Six (6) glasses</i>	\$60.00

To order and prepay ~ please complete all sections on the back of this form. Glasses will be ordered and people notified upon delivery.

50th Anniversary Commemorative Wine Glass Order Form

Please complete all sections of the form below and complete the credit card information to place an order for glasses.

Please note: Payment must be made at time of order. Cash or credit card only.

CONTACT DETAILS:

Name: _____ **Phone Number:** _____

Email: _____

Youngest Child at TVPS: _____ **Child's Class:** _____

ORDER: Please tick option or write in number of glasses.

<i>Please Tick</i>	<i>Number of 50 Year Glasses</i>	<i>Cost</i>	<i>Total</i>
	1 glass	\$15.00	
	2 glasses	\$25.00	
	6 glasses	\$60.00	
	_____ glasses	@ \$15.00	

Payment needs to be made at time of ordering – **cash or credit card** payments only.

All orders need to be placed by Tuesday October 29th, 2019.

Orders will then be placed and families will be contacted once glasses have been delivered.

50TH ANNIVERSARY COMMEMORATIVE GLASS ORDER - CREDIT CARD PAYMENT

Charge \$ _____ to my credit card Mastercard Visa (NO AMEX)

Cardholder's Number: _____

Cardholder's Name: _____ Expiry Date: ____ / ____

Signature of Cardholder: _____ Date: _____