



FUN SERVICES SSS SOUTH
 2 WEST HAMLET STREET
 KENNER, LA 70062
 PHONE: 504-464-5536
 FAX: 504-464-5534 OR 833-746-4519
 EMAIL: ACCOUNTS@CCFNOLA.COM

2024 MOTHER'S DAY BOUTIQUE

Name of Organization: _____

Address: _____ City: _____ Zip: _____

Sponsor's Name: _____ Position: _____

Cell: _____ Email: _____

Mother's Day Boutique Information:

Dates of Boutique: _____ **Delivery Date:** _____ **Pickup Date:** _____

Would you like **TEACHER ITEMS** added to your boutique for Teacher Appreciation Week? YES or NO
 Would you like **FATHER'S DAY ITEMS** added to your boutique for Father's Day? YES or NO

Would you like a **cash register**? YES or NO

Will you be running a **COUNT INVENTORY** or a **NO COUNT INVENTORY SHOP**?

A **COUNT INVENTORY SHOP** is when your invoice is based on the number of items that arrive and deduct the items you return. A **NO COUNT INVENTORY SHOP** is when your invoice is based on **DOLLARS COLLECTED** every day, keep your mark up, and send us the rest. No counting of items.

Is the school choosing a **PROFIT** percentage?

10% 20% 30% OWN MARK UP

TERMS & CONDITIONS

1. Fun Services will provide the following **FREE** of charge: complete gift line on consignment to the school, gift bags, flyers, collection envelopes, tablecloths, posters, and price labels, deliveries, pickups of unsold merchandise, and overnight reorders (if received by 3pm the previous day).
2. Your organization will provide: sponsors/ volunteers to run the program, tables to display gifts, return of unused items, bags, and promotional supplies, and FUN and JOYOUS MEMORIES for your students.
3. **PAYMENT DUE THE THE DAY OF PICKUP FOR COUNT INVENTORY AND A POSTMARKED ENVELOPE WITH CHECK WITHIN 2 BUSINESS DAYS OF RECEIVING AN INVOICE FOR A NO COUNT INVENTORY.** If not, a finance charge and forfeit of any bonuses/ discounts will apply.
4. Customer agrees that no other commercial merchandise will be sold together with Fun Services Mother's Day Boutique™.
5. **ORGANIZATIONS MUST HAVE A MINIMUM OF 75 PARTICIPANTS OR \$1,000 INVOICE FOR PARTICIPATION IN THE PROGRAM.**

SIGNATURE OF CHAIRPERSON: _____ **Date:** _____

SIGNATURE OF FUN SERVICES REP: _____ **Date:** _____

FAX THIS CONTRACT TO 504-464-5534 OR EMAIL THIS CONTRACT TO ACCOUNTS@CCFNOLA.COM OR RETURN WITH YOUR SANTA SHOP PAPERWORK. **Thank you for your business!**