



## **FUN SERVICES SSS SOUTH**

2 W. HAMLET STREET KENNER, LOUISIANA 70062 PHONE: 504-464-5536 OR 833-474-6773

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## 2022 SANTA'S SECRET SHOP/ HOLIDAY SHOP CONTRACT

SCHOO	L NAME:	·	_	
Addres	s:			
City, St	City, State, Zip:			
School	Phone/Fax:			
CHAIRF	PERSON'S NAME:			
		Chairperson's Email:		
CHOOSE YO	DUR SHOP WEEK (please place a X no	ext to date):		
O No	vember 14 - 18, 2022	ENROLLMENT:		
O No	vember 28 – December 2, 2022	GRADE LEVELS:		
O De	cember 5 – 9, 2022	DELIVERY DATE:		
O De	cember 12 - 16, 2022	PICKUP DATE (LAST DAY OF SALE):		
O Other:				
Would you like a CASH REGISTER? (local delivery ONLY) YES or NO (CIRCLE ONE)  (We have a limited # of registers. Please return this sheet early to ensure yours.)  Will you be running a COUNT INVENTORY SHOP or a NO COUNT INVENTORY SHOP? (CIRCLE ONE)  COUNT INVENTORY is when your invoice is based on the number of items that arrive and deduct the items you return.  NO COUNT INVENTORY is when your invoice is based on DOLLARS COLLECTED every day, keep your mark up, No counting items.  We offer CREDIT CARD PROCESSING PayThankYou for processing credit cards? (NO COST TO THE SCHOOL) YES NO  Is the school choosing a PROFIT percentage? We suggest a lower amount. The more you sell, your profits will grow.  (CHOOSE ONE)  10% 20% 30%				
		TERMS & CONDITIONS		
1. 2. 3.	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 of merchandise and needed paperwork will be returned THE DAY OF PICKUP for local orders and within 3 days for UPS orders. If not, a finance			
4.	charge and forfeit of any bonuses/ discounts wil Customer agrees that no other commercial mer	п appry. chandise will be sold together with Fun Services Santa's Secret Shop™ or Ho	oliday Gift Shop™ programs.	
SIGNA	TURE OF CHAIRPERSON:	Date:		

Date: \_\_\_\_\_

SIGNATURE OF FUN SERVICES REP: