

GRAND HAVEN CHRISTIAN SCHOOL

CHECK & CARRY T.R.I.P. ORDER FORM

Name of Person Ordering _____

Date _____

Family Tuition Acct. (if different than above) _____

Questions? trip@grandhavenchristian.org

Product	%	\$\$	Qty	Est Price	Product	%	\$\$	Qty	Est Price
Allied Waste / Republic Waste	10	\$20			Menards	3	\$25		
Amazon	2	\$25			Mr. Scribs	10	\$10		
Applebee's	8	\$25			Panera Bread	8	\$10		
Arby's	8	\$10			Papa Murphy's	8	\$10		
Barnes & Noble	8	\$25			Pizza Hut	8	\$10		
Burger King	4	\$10			Russ' Restaurant	10	\$50		
Celebration/Loeks Cinema	4	\$10			Southtown Wash/Oil	10	\$5		
Citgo Gas	3	\$25			Speedway	4	\$50		
City Farmer	10	\$10			Starbucks	7	\$10		
Countryside	15	\$50			Subway	6	\$10		
Culvers	10	\$10			Sweet Temp/Skoops/Frt Por	10	\$10		
Dick's Sporting Goods	8	\$25			T.J.Maxx	7	\$25		
Dining Concepts	5	\$25			Taco Bell	5	\$10		
Domino's	8	\$10			Target	2.5	\$25		
D & W - Family Fare	2	\$25			The Home Depot	4	\$25		
D & W - Family Fare	2	\$100			Walgreens	6	\$25		
Earth's Edge	10	\$25			Walmart/Sam's Club	2.5	\$25		
Family Video	12	\$10			Walmart/Sam's Club	2.5	\$100		
Franks Meat Market	5	\$10			Wendy's	4	\$10		
Gap/Banana Rep/Old Navy	14	\$25			Wesco	2	\$50		
GH Marathon Gas	5	\$50			Going, Going, Gone				
Goodrich Theaters	4	\$10			Goobers Bakery	10	\$10		
Great Harvest Bread	6	\$10			Logan's Roadhouse	10	\$25		
Hallmark	8	\$25			Orchard Markets	5	\$25		
Jo Ann Fabric & Craft	6	\$25			Speedway	4	\$25		
Kohl's-payable on charge	4	\$25			Limited Time Only				
Kohl's-payable on charge	4	\$100			Bath & Body Works	12	\$10		
Leppinks	5	\$50			Best Buy	4.75	\$25		
Little Caesars	8	\$20			Cabelas	8	\$25		
Mackinaw Kite Co.	10	\$10			Dick's	8	\$100		
Mancinos	15	\$25			JC Penney	5	\$25		
Meijer	3	\$25							
Meijer	3	\$100							
Fill in TOTAL Number of Cards & Cost					Fill in TOTAL Number of Cards & Cost				

Accepted Method of Payment: **Check** / Make Checks Payable to: **GHCS TRIP**

Total # of Cards: _____ **Total Cost:** _____

Please sign to verify the order was received accurately. If changes to quantity and/or cost need to be made, please adjust the form before writing check.

_____ Check #: _____

OFFICE USE ONLY: Please initial when order is verified _____