



FLOWER BOUQUET ORDER FORM

Customer Name: _____

Phone Number: _____

Email: _____

Number of Bouquets: _____

Date of Order: ____/____/2017

Payment Made: _____

Name of person picking up order: _____

- **All payments to be made with cash**
- **Return this form to STC reception by Wednesday 23rd of August**
- **Please enclose \$20 per bouquet ordered with this form**

All pickups must be made on the Friday 25th of August from 12:20 – 12:50pm and 2:30 – 3:15pm in the reception

Pick up address for Flowers:
69 Middlepark Rd
Sockburn
8042
Christchurch