

# Goodnight Grand Ronde Order Form



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of books x \$7.00/ea. \$ \_\_\_\_\_

Shipping \$1.00/ea. \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**Please mail this form to:**

CTGR Education Dept.

9615 Grand Ronde Rd

Grand Ronde, OR 97347

\*Checks only