

GROUP EVENT ORGANIZER

REGION

YEARLY EVENT?
Yes No

EVENT NAME _____

WINTUX EVENT # _____

ORGANIZATION NAME _____

YEAR

ADDRESS _____

CITY, ZIP _____

TODAY'S DATE _____

PHONE () _____

ATTENDING _____

EVENT LOCATION _____

EVENT DATE

PICK UP DATE

RETURN DATE

CONTACT PERSON

NAME _____

TITLE _____

PHONE _____

MEMO SENT TO AREA STORES
WITH EVENT ORGANIZER

Yes No Date _____

Invitation Inserts ordered?

Yes No Date _____

Donation: Amount \$ _____ Yes No

If No Charge Merchandise is required, please fill
out and send to BW a No Charge Promotional
Tuxedo Certificiate Request form.

BILL TO _____ ACT # _____

DATE BOOKED _____

CONSULTANT NAME _____

CONSULTANT NUMBER _____

OFFICE APPROVAL _____

DATE APPROVED _____

SPECIAL INSTRUCTIONS

OUR OFFER

COAT

TROUSER

SHIRT

SHOES

VEST

TIE

SUB TOTAL

TAX (OR TAX EXEMPT #)

DAMAGE WAIVER

GRAND TOTAL

Orders taken within 5 days of event
subject to Late Fee