



(ORGANIZATION NAME)
SPRING FUNDRAISING PROGRAM
INDIVIDUAL RECAP FORM

Salesperson Name _____

Address _____

Phone Number(s) _____

Please total all of your individual order forms on this Recap Form. Print all information legibly and give to _____ by _____.
(Coordinator's Name) *(Date)*

| Description | Total Flats | Flat Price | Total Due |
|-------------------------------------|-------------|------------|-----------|
| Profusion Zinnia Mix Flats | | | |
| Begonia Bronzeleaf Mix Flats | | | |
| Begonia Bronzeleaf Red Flats | | | |
| Begonia Bronzeleaf Pink Flats | | | |
| Begonia Bronzeleaf White Flats | | | |
| Moss Rose Mix Flats | | | |
| Penta Mix Flats | | | |
| Begonia Greenleaf Mix Flats | | | |
| Begonia Greenleaf Red Flats | | | |
| Begonia Greenleaf Pink Flats | | | |
| Begonia Greenleaf White Flats | | | |
| Impatiens Mix Flats | | | |
| Impatiens Lilac Flats | | | |
| Impatiens Red Flats | | | |
| Impatiens Lipstick (Hot Pink) Flats | | | |
| Impatiens Orange Flats | | | |
| Impatiens White Flats | | | |
| TOTALS | | | \$ |