



Registration Form – Fill Out and Return To Get Started!

Please complete all of the information below. One of our friendly representatives will contact you to confirm your registration. Thank You! Thank You!®

Has your organization used Little Caesars® Pizza Kit Fundraising Program Before? Yes No

Products you would like to sell: Pizza Kits Pizza Kits, Cookie Dough & Pie Kits

Name of School/Organization _____

Delivery Address _____

City/State _____ ZIP Code _____

Delivery Location _____ County _____

Do you have any delivery restrictions for a 65' semi-truck (i.e., weight for roads, low clearance bridges or local ordinances) at the delivery location? Yes No

If yes, please describe: _____

Two nearest cross streets to delivery address _____

Phone # at Delivery Location _____ State Tax I.D. # _____

of Active Sellers _____ # of Posters Needed _____ Group Goal (Total # of Items) _____ Dollar Goal \$ _____

Name of Chairperson/Group Leader _____

Mailing Address _____ City/State _____
(for sales order forms)

ZIP Code _____ Home Phone # _____ Work Phone # _____

Fax # _____ E-mail Address _____

Sale Start Date _____ Preferred Week of Delivery _____ Preferred Delivery Time _____ AM PM
(Please use Monday's date to indicate preferred week of delivery.) (Due noon EST)

Please indicate any time frame you are unable to take delivery (i.e., after 4pm) _____

A representative will contact you within 24-48 hours after receiving this registration to confirm your delivery date and time.

Signature _____ Date _____
(Chairperson/Group Leader)

Signature _____ Date _____ ISC ID# **4307**
(Sales Consultant)

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**Fax Back to:
614-448-3311**

FOR INTERNAL USE ONLY P.P. Yes No • PRES. Yes No • K.O. Yes No