

Smoothie Deskside Delivery Order Form

Please complete and email to balance@mbteach.org

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| Booking timeline | <i>Please allow as much time as possible when requesting events to ensure availability.</i> |
| Contact Name & MTS#: | |
| Contact Telephone Number: | |
| Contact Email Address: | |
| Delivery Location/Address: | |
| Address for Invoicing (if different then above): | |
| Program Requested: | Smoothie Deskside Delivery |
| Number of Smoothies requested: | |
| Of the expected participants please indicate how many are members of MTS: | |
| Date of Delivery: | |
| Requested Delivery Time: | |
| Budget for the event: (Subsidized rates will apply for MTS members) \$5/smoothie for Regular Size (710ml) \$3/smoothie for Snack Size (355ml) | |
| Additional Funding: Through Balance we help to subsidize the cost of wellness programming. In order to track the overall cost to members please indicate where any additional funding is coming from for this requested event. Please select all that apply from the following options: | Please select all that apply: 1) Funds from your local Association 2) Teacher contributions to a school based PD/Wellness program 3) Funds allocated through the Division 4) Other: Please describe |
| Nature of Workshop: (division or school PD day) | |
| Comments/Instructions/ Special Requests/Please indicate any special requests for dietary restrictions here | |