Last Name:			First Name:				Pick Up Time:		_ DEL
Phone Number:			Notes:	Sat s	Sun A	Mon T	ues	PAID	INV
*****	****	****	****	****	****	****	*****	****	****
\mathcal{O}		Paczki Order Form T					otals:		
ChefShell's		0.00 per Dozen						Dozens	
810-966-8371 www.ChefShells.com								Minimum 2 Dozen	
APPLE	LEMON	BLUEBERRY	STRAWBERRY	RASPBERF	Y CUSTAF	RD CREAN	ASSORTED	\$20 per Dozen \$13 per ½ Dozen \$2.50 Individual	
# OF GLAZED									
# OF POWDERED SUGAR									
Deadline for pr	e-orders i		ebruary 21, nust be mad		_		_	ed after this date!	
*****	*****	*****	******** CUSTO				******	******	*****
		Paczl	ki Order – fo	or Tuesda	y, Febru	ary 25, 2	020		
Name:			Pick-Up Date & Time: Q				Qty	:	

Chef Shell's Restaurant ** 324 Superior Mall. Port Huron, MI ** 810-966-8371