



Phone: 07 3287 2468
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 Mail: PO Box 610 Beenleigh Qld 4207
 www.yatalapies.com
 - EXIT 38 M1 Yatala North -
OPEN 7 DAYS 7am - 8.30pm

*Insert Your
School/Company Logo
Here*

Famous Yatala Pie Shop Fundraiser

Our Pie Drive is as easy as 1-2-3!

1. Collect orders from your friends, family and neighbours, using the left section of this form to keep track of orders.
2. Record your total tally on the right section of this form, cut along the dashed line and return it to your coordinator with payment by the due date.
3. Your orders will be ready for collection on the date listed below. Enjoy!

Customer Name and Phone Number:

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Collectors Name:	Collectors Phone No:
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PRODUCT	\$	QTY	QTY	QTY	QTY	QTY	TOTAL QTY	TOTAL PRICE	
Family Meat Pie	\$ 19.80								F Meat
Family Steak & Mushroom Pie	\$ 20.20								F Mushroom
Family Steak & Kidney Pie	\$ 19.60								F Steak & Kidney
Family Steak & Bacon Pie	\$ 20.20								F Steak & Bacon
Family Steak Tomato & Onion	\$ 20.20								F Tomato & Onion
Family Curry Steak	\$ 19.80								F Curry
Family Steak Bacon & Cheese	\$ 21.80								F Bacon & Cheese
Family Chicken & Veggie	\$ 20.20								F Chicken & Veggie
Family Pepper Steak	\$ 21.60								F Pepper
Family Vegetable	\$ 19.80								F Vegetable
Family Chunky Beef	\$ 24.80								F Chunky
Family Chicken Mushroom Mornay	\$ 24.80								F Chicken Mornay
Small Plain Pie Pack (4/Pack)	\$ 24.00								S Pack Plain
Small Pastie Pack (4/Pack)	\$ 18.80								S Pack Pastie
Small Sausage Roll Pack (6/Pack)	\$ 19.80								S Pack Sausage Roll
Sm Gluten Free Pie Pack: Beef (4/Pack)	\$ 23.50								S Pack Gluten Free
Small Caramel Tart Pack (4/Pack)	\$ 16.00								S Pack Caramel
Family Apple Pie	\$ 11.90								F Apple
Family Apricot Pie	\$ 11.50								F Apricot
Family Apple Berry Crumble	\$ 11.50								F Apple Berry
Family Caramel	\$ 11.50								F Caramel
TOTAL ORDER PER CUSTOMER									
PAYMENT RECEIVED									TOTAL AMOUNT DUE PER COLLECTOR

Fundraising for: _____
Coordinator: _____
Orders & Money Return by: _____
Collection Day & Date: _____
Collection Time: _____

Please cut along the dashed line
 Return this section with total orders and payment to the Coordinator by Due Date: