

Ladies Auxiliary of the Delaware City Fire Company - Sub Sale Order Form

Company: _____ Department: _____ Phone No.: _____ Page ____ of ____

Name	Type of Sub (circle one)	\$7.00 each	Please circle what you would like on your sub				
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1) _____	<i>Cheese</i>	<i>Regular</i>	<i>Ham</i>	Mayo	Oil	Lettuce	Tomatoes
				Onions	Pickles	Hot Peppers	Sweet Peppers

2) _____	<i>Cheese</i>	<i>Regular</i>	<i>Ham</i>	Mayo	Oil	Lettuce	Tomatoes
				Onions	Pickles	Hot Peppers	Sweet Peppers

3) _____	<i>Cheese</i>	<i>Regular</i>	<i>Ham</i>	Mayo	Oil	Lettuce	Tomatoes
				Onions	Pickles	Hot Peppers	Sweet Peppers

4) _____	<i>Cheese</i>	<i>Regular</i>	<i>Ham</i>	Mayo	Oil	Lettuce	Tomatoes
				Onions	Pickles	Hot Peppers	Sweet Peppers

5) _____	<i>Cheese</i>	<i>Regular</i>	<i>Ham</i>	Mayo	Oil	Lettuce	Tomatoes
				Onions	Pickles	Hot Peppers	Sweet Peppers

6) _____	<i>Cheese</i>	<i>Regular</i>	<i>Ham</i>	Mayo	Oil	Lettuce	Tomatoes
				Onions	Pickles	Hot Peppers	Sweet Peppers

Delivery: _____ Pick-up: _____ Walk-in: _____

Paid: _____