



Seasons OF THE Spirit™

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FULL PRODUCT PAYMENTS must be received on or before **MAY 1, 2012** to qualify for the early order discounts.

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for web, print, and disk resources

**PHONE** with credit card:  
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**FAX** this order form:  
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9590 Jim Bailey Road  
Kelowna, BC V4V 1R2

**ORDERED BY:**  
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**SHIP TO:**  
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MAILING ADDRESS

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CITY

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THIS ADDRESS IS  RESIDENTIAL OR  COMMERCIAL

CHURCH PHONE

( )

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( )

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| Seasons RESOURCES<br>in print and/or on disk | ISBN | NAME/AGE LEVEL | DATES | QTY        | UNIT PRICE | TOTAL |  |
|--|------|----------------|-------|------------|------------|-------|--|
|  |      |                |       |            |            |       |  |
|  |      |                |       |            |            |       |  |
|  |      |                |       |            |            |       |  |
|  |      |                |       |            |            |       |  |
|  |      |                |       |            |            |       |  |
|  |      |                |       |            |            |       |  |
|  |      |                |       |            |            |       |  |
|  |      |                |       |            |            |       |  |
|  |      |                |       |            |            |       |  |
| Other Products                               | ISBN | TITLE          | QTY   | UNIT PRICE | TOTAL      |       |  |
|  |      |                |       |            |            |       |  |
|  |      |                |       |            |            |       |  |
|  |      |                |       |            |            |       |  |
|  |      |                |       |            |            |       |  |
|  |      |                |       |            |            |       |  |

Thank you for your order!

Shipping & Handling plus applicable Taxes will be invoiced separately. **PRODUCT TOTAL**  
Contact Wood Lake Publishing for details or go to [www.seasonsonline.ca](http://www.seasonsonline.ca)

**METHOD OF PAYMENT**

CHEQUE #:  MONEY ORDER #:

SECURITY CODE: [ ][ ] [ ][ ] [ ][ ]

EXPIRY DATE: [M][M] [Y][Y]

NAME OF CARD HOLDER

**X**  
SIGNATURE REQUIRED

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CITY

PROV/STATE

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DAYTIME PHONE NUMBER OF CARD HOLDER

EMAIL

**SEND ORDER & PAYMENT TO:**

**Wood Lake Publishing**  
9590 Jim Bailey Road, Kelowna, BC V4V 1R2

To order resources on the web please go to [www.seasonsonline.ca](http://www.seasonsonline.ca)