



**Schreiber Center for Pediatric Development  
Duck Patrol Salesperson Application  
DEADLINE FOR RETURNS – AUGUST 30**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Number of Ducks Requested: \_\_\_\_\_

**Statement of Agreement**

*I agree to sell all the duck tickets given to me by **Friday, August 30, 2019**. If I have not sold these ducks, I will turn in any unsold ducks and tickets to the Financial Development Office at Schreiber Center for Pediatric Development **on or before Friday, August 30, 2019**, so that they may be sold by others. If I do not turn in unsold ducks **on or before Friday, August 30, 2019**, I will be billed for the ducks that I have signed out and have not returned.*

*I take full and total responsibility for **all** ducks signed out under my name. I understand that as a member of the Duck Patrol, I may be photographed or quoted for advertisement purposes related to Schreiber. My name and likeness may be used at SCPD's discretion with no compensation.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Souvenir Duck Information



Date	Quantity of Souvenir Ducks TAKEN	Quantity of Tickets TAKEN	Duck Ticket Numbers TAKEN	Number and Sizes of T-shirts TAKEN	Staff Initials
Date	Quantity of Souvenir Ducks RETURNED	Quantity of Tickets RETURNED	Duck Ticket Numbers RETURNED	Number and Sizes of T-shirts RETURNED	Staff Initials



# Graduation Duck Information



\$10.00

Date	Quantity of Ducks/ Tickets TAKEN	Duck Ticket Numbers TAKEN		Date	Quantity of Ducks/ Tickets RETURNED	Duck Ticket Numbers RETURNED