



TEAM REBATE SUBMISSION FORM

Please fill out the following:

Date: _____

Association: _____

Team Name: _____

Coach Name: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Contact Mailing Address: _____

Total Receipt Amount Enclosed: \$_____

Thank you for participating in our Team Headquarters' Program!

Please attach the completed form to your team's receipts and mail to the following:

Attn: Olivia Plourde
Boston Pizza International
Suite 708-1 City Centre Drive
Mississauga, ON
L5B 1M2

If you have any questions, please do not hesitate to contact Olivia Plourde at plourdeo@bostonpizza.com.