



Dairy Council of Florida
Attn: Jamie Marshall
166 Lookout Place
Suite 100
Maitland, FL 32751

Dear Educator:

Thank you for requesting the use of our *Merry Moo* mascot costume. She is very popular with kids of all ages and will help make your event a success. In order to reserve *Merry Moo*, please read the following information:

Request Information:

- Completely fill out the *request portion* of the form and return it, allowing at least 30 days before your event for confirmation and shipping; FAX or mail this form.
- Confirmation of your request will be sent after receipt of request and schedule verification.
- The *Merry Moo* mascot costume will be shipped standard ground UPS.
- Requests are filled on a first-come, first-served basis.
- By requesting the *Merry Moo* mascot, you agree to be responsible for replacing the entire costume, valued at \$ 5,000, should it be severely damaged or replacing any specific part of the costume that is damaged, priced accordingly, excluding normal wear and tear.

Return Information:

- Be sure all *Merry Moo* mascot costume pieces are packed in the shipping container.
 - o Head
 - o Body with 3 hoops inside
 - o Sandal bases (2)
 - o Sandal foot covers (2)
 - o Gloves (2)
 - o got milk? shirt
- Completely fill out the *return portion* of the request and return form.
- Return *Merry Moo* mascot costume in the original container.
- Securely tape the lid to the trunk before shipping.
- Return to the Dairy Council of Florida within two business days of the event date listed on your request form and insure the package for \$5,000.
- You will receive confirmation once we have received *Merry Moo* back in our office.

Thank you.

Regards,

Jamie Marshall

Jamie Marshall



For office use only.
 Date Requested: _____
 Date Confirmed: _____

Merry Moo Mascot Request & Return Form

Please Ship to:
 Dairy Council of Florida
 Attn: Jamie Marshall
 166 Lookout Place
 Suite 100
 Maitland, FL 32751

1-800-516-4443
 407-647-0606 FAX
 jamie@floridamilk.com

Event Start Date: _____

Event End Date: _____

Return Ship Company: _____

Return Ship Date: _____

Return Tracking #: _____

Request:

Organization Name: _____

Contact Name: _____

Shipping Address: _____

City, State, ZIP: _____

Contact Phone: _____ Contact Cell Phone: _____

Contact e-mail: _____

Contact Driver License #: _____

Alternate Contact Name: _____ Phone: _____

By signing this form, I agree to be responsible for replacing the entire costume, valued at \$ 5,000, should it be severely damaged or replacing any specific part of the costume that is damaged, priced accordingly, excluding normal wear and tear while under my supervision.

Contact Signature: _____ Date _____

Return:

I feel that I have returned the Merry Moo Mascot in the following condition:

- Same condition as received
- Worse condition then received
- Damaged/Lost ****Please explain damages:** _____

Contact Signature: _____ Date _____

For office use only.
 Date Returned: _____ Verified by: _____
 Condition Returned:
 Same condition as received
 Worse condition then received
 Damaged/Lost

