



\$1 Qualifying Products

\$2 Qualifying Products

\$3 Qualifying Products

\$4 Qualifying Products

OPERATOR IN	FORMATION		
	All fields required for redemp	tion	
Check Here:	Yes, I am a Camp Foodservice Operator (refund payable to Camp Foodservice Operators on		
Camp Name			
Contact Name	Contact Title		
Street Address (where you can	receive mail)		
City	State	Zip	
Phone			
Email Address	To receive additional offers and comm	unications from Ge	
Forwarding Address (only in	camp is closed by 10/01/19)		
City	State	Zip	
Primary Distributor	DSR Name	3	
Phone	Address		
City	State	Zip	

CALCULATE YOUR REBATE					
Product Type	# of cases	\$ per cas	e Total		
		x x			
		X			
		х			
Total		Total Reba	te = \$1,250 maximum		

TO RECEIVE YOUR REBATE









