



SHORT SLEEVE SPIRIT SHIRTS

Order Form



Student Name: _____ Teacher Name: _____

SIZE	SS Grey	SS Light Blue	SS Dark Green	SS Red	SS Purple	SS Pink	Ss Black
YS							
YM							
YL							
AS							
AM							
AL							
AXL							
AXXL (+\$3)							
AXXXL (+\$3)							

Total # shirts ordered: _____ Total amount due: _____

Chk # _____ Cash Amount: \$ _____

I give permission for St. Helen Catholic School to charge my credit card for the amount due shown above. I agree to pay above total amount according to the card issuer agreement.

Name on Card: _____ Date: _____

CC: # _____ Exp: ____/____ CVV: _____ Zip: _____

Email rwood@sthelencatholicschool.org if you have any questions.