

# SHCS SPIRIT STORE SALE

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

Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

	YXS	YS	YM	YL	S	M	L	XL	XXL	XXXL
Navy										

Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Amount Due \$ \_\_\_\_\_ Total Ordered: \_\_\_\_\_

Name on card: \_\_\_\_\_

CC: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Make Checks payable to SHCS
- 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.

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

