



**St. Helen Catholic School
National Blue-Ribbon Shirt
2024**

Student Name: _____ Teacher Name: _____

SIZE	YXS	YS	YM	YL	AS	AM	AL	AXL	AXXL
Quantity									

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@sthelencatholicsschool.org if you have any questions.

