



Spirit Wear Order Form

DATE of PURCHASE/ORDER: _____ DATE FILLED: _____

Today's Purchases:

Quantity	Item Code()	Size	Design	Color	Price

Subtotal for purchase Items... \$ _____

Special Orders:

Quantity	Item Code()	Size	Design	Color	Price

Subtotal for Special Order Items... \$ _____

Subtotal for Purchase Items... \$ _____

Grand total all Items... \$ _____

*****PLEASE PRINT**

Parent Name _____

Email: _____

Phone # _____ Booster Club Member? Yes / No

Student Name _____ Grade _____

Method of Payment:

Bill My Account _____ (initials) Cash _____ Check # _____

* If not billing account, payment must accompany order. Make check payable to: CCS