Harrison High Band Boosters

SCRIP TO GO and ORDERS

Order Date/Pick Up _____ Parent Cell Phone _____

Student Last Name _____ Student First Name _____

Parent Last Name _____ Parent First Name _____

PLEASE FILL IN ORDER					OFFICE USE ONLY			
Card Name	Quantity	Value	Total		**To Go** Quantity	**To Go** Dollar	**Order** Quantity	**Order** Dollar
KROGER		$25						
KROGER		$50						
KROGER		$100						
WALMART		$25						
WALMART		$100						
KOHLS		$25						
KOHLS		$100						
PUBLIX		$25						
PUBLIX		$50						
PUBLIX		$100						
TOTALS								

Double-Check Denominations & Math.

Make checks payable to HHBB.

_____

Purchaser Signature/Date

Office Use Only Total

CHECK NUMBER	CHECK AMOUNT	SCRIP REPRESENTATIVE SIGNATURE