

Harrison High Band Boosters

SCRIP to go and Order Form

Order Date/Pick Up _____
 Student Last Name _____
 Parent Last Name _____

Parent Cell Phone _____
 Student First Name _____
 Parent First Name _____

PLEASE FILL IN ORDER				OFFICE USE ONLY					
<i>Card Name</i>	<i>Quantity</i>	<i>Value</i>	<i>Total</i>	<i>To Go Quantity</i>	<i>To Go Value</i>	<i>To Go Dollar</i>	<i>Order Quantity</i>	<i>Order Value</i>	<i>Order Dollar</i>
WALMART		\$25			\$25			\$25	
WALMART		\$100			\$100			\$100	
PUBLIX		\$25			\$25			\$25	
PUBLIX		\$50			\$50			\$50	
PUBLIX		\$100			\$100			\$100	
DAILY GRIND		\$10			\$10			\$10	
ZAXBY'S		\$6.35			\$6.35			\$6.35	
HOME DEPOT		\$25			\$25			\$25	
HOME DEPOT		\$100			\$100			\$100	
TOTALS									

BY SIGNING THIS FORM, I AGREE THAT 5% OF MY REBATE WILL BE DONATED TO THE BAND TO HELP DEFER THE COST OF SHIPPING.

 Purchaser Signature

Double Check Denominations & Math
Make checks payable to HHBB

Office Use Only

OFFICE USE ONLY

Payment	Order Total		Fee	Total	Check/Approval Number
Check	_____	X	N/A	= _____	_____
Total	_____			_____	

Scrip Rep Signature