

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 BELOW				OFFICE USE ONLY					
Card Name	Qty	Value	Total	To Go Quantity	To Go Value	To Go \$ Amount	Order Quantity	Order Value	Order \$ Amount
Daily Grind		\$10			\$10			\$10	
Publix		\$25			\$25			\$25	
Publix		\$50			\$50			\$50	
Publix		\$100			\$100			\$100	
Walmart		\$25			\$25			\$25	
Walmart		\$100			\$100			\$100	
Yogli Mogli		\$10			\$10			\$10	
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 and math  
Make checks payable to HHBB

OFFICE USE ONLY			
Payment	Total	Check number	
Check/	\$ _____	# _____	_____
Cash	\$ _____		Scrip Rep Signature

Please sign and date below to indicate that you received all your ordered cards.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date