

OUR TOWN

T-SHIRT ORDER FORM

DUE SEPTEMBER 1

Student's Name: _____

Parent's Name: _____ Phone: _____

Parent Email: _____

Teacher's Name: _____

OUR TOWN T-SHIRT PRICE.....\$15

Please specify ADULT size: (Circle:) S M L XL 2XL

Please specify ADULT size: (Circle:) S M L XL 2XL

Please specify ADULT size: (Circle:) S M L XL 2XL

Please specify ADULT size: (Circle:) S M L XL 2XL

Total # of Shirts: _____

Total # of T-shirts X \$15 = Total Paid: _____

Method of Payment (Please Circle):

(cash & check placed in Booster Box in D 105 w/student's name & "OT T-shirt" on envelope)

Cash

Check

Online

Please make checks payable to: MHSTABC

Hand this completed form directly to Mr. Omundson