HOLY TRINITY SCRIP ORDER

DATE:_____

Parent Last Name:_____ Parent First Name:_____

Student Name: _____ Class Room: _____Teacher: _____

Phone #: _____

Store Name	Denomination	Qty	Total
Grand Total Make checkspayable to Holy Trinity Scrip			$

_____ I will wait for my scrip (if scrip is not availalbe)

_____ My second choice is _____

_____ Scrip needed before _____