

strathcona uniform shop - **art smock** order form

Child's Name: _____

Child's Class: _____

Parent Name: _____

Mobile Phone Contact: _____

ORDER:	Long Sleeve	Short Sleeve
Size 6	<input type="checkbox"/>	<input type="checkbox"/>
Size 8	<input type="checkbox"/>	<input type="checkbox"/>
Size 10	<input type="checkbox"/>	not available

COST: \$20 Each

Payment enclosed: CASH/CHEQUE/CREDIT CARD (please circle)

STRATHCONA UNIFORM SHOP CREDIT CARD AUTHORISATION

Date:..... Contact Number:

Name:

Amount: (in words and \$):.....

..... \$.....

Type of Card: VISA: MC: Am. Exp: (AMEX incurs 1% processing fee)

Card Number: _____

Expiry Date: ____ / ____ Signature:

