Harrison High Band Boosters

SCRIP TO GO and ORDERS

Order Date/Pick Up _____ Parent Cell Phone _____

Student Last Name _____ Student First Name _____

Parent Last Name _____ Parent First Name _____

PLEASE FILL IN ORDER					OFFICE USE ONLY				
Card Name	Quantity	Value	Total		**To Go** Quantity	**To Go** Dollar		**Order** Quantity	**Order** Dollar
KROGER		**$25**							
KROGER		**$50**							
KROGER		**$100**							
WALMART		**$25**							
WALMART		**$100**							
KOHLS		**$25**							
KOHLS		**$100**							
PUBLIX		**$25**							
PUBLIX		**$50**							
PUBLIX		**$100**							
TOTALS									

Double-Check Denominations & Math.

Make checks payable to HHBB. _____

Purchaser Signature/Date

Office Use Only Total

CHECK NUMBER	CHECK AMOUNT	SCRIP REPRESENTATIVE SIGNATURE