

SHS SPARTAN BAG ORDER



NAME: _____

PHONE: _____

EMAIL: _____

SHS SPARTAN DUFFEL BAG

Quantity	Price	Total
_____	\$63.51	= _____
	(\$58 + 5.51 tax)	

Please submit payment with order to the school office. Orders WILL NOT be processed without payment.

OPTIONAL: PERSONALIZED NAME ON BLANK SIDE PANEL - MAX 16 LETTERS

BAG #1	_____
BAG #2	_____
BAG #3	_____

- * Orders will be placed in quantities of 6.
- * Your order may be held to reach minimum quantity.
- * Please allow minimum 3 weeks for delivery.

Preferred method of delivery-please check one:

Email _____

Phone _____

Child's Classroom _____

Check #: _____

Date paid: _____

Order delivered by: _____

Date delivered: _____