

CORPUS CHRISTI CATHOLIC SCHOOL UNIFORM SHOP ORDER FORM

DATE OF LODGEMENT: _____

CONTACT DETAILS

Parent/Guardian: _____

Daytime Phone No.: _____

Eldest Student: _____ Class: _____

INSTRUCTIONS FOR PICK UP/DELIVERY

PAYMENT METHOD

Cash Please provide correct money in a sealed envelope with your eldest child's name and class included thereon.

Cheque Please make payable to "Corpus Christi Uniform Shop" and place in a sealed envelope as referred to above.

Visa or Mastercard Cardholder's Name: _____

Amount: _____

Card No.: _____ / _____ / _____ / _____

Expiry Date: _____

Cardholder's Signature: _____

OR

Phone Details Provided by _____ to _____

DETAILS OF ORDER AND PAYMENT

Item	Size	Quantity	Price	Total Cost	UNIFORM SHOP USE	
					On Order (✓)	Date Filled
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
TOTAL				\$		

UNIFORM SHOP USE

PAYMENT DETAILS		
Date	Method	Amount
		\$
		\$
		\$
TOTAL		\$