



SPRINGVIEW

SPIRIT WEAR ORDER FORM

2016-2017

ORDER DATE:

Student Name: _____
Grade: _____ **Teacher:** _____
Parent Name: _____
Phone Number: _____ **Email:** _____

** PLEASE COMPLETE ALL THE ABOVE FIELDS. INCOMPLETE ORDER FORMS WILL NOT BE FILLED.
 PLEASE ALLOW AT LEAST 48 HOURS FOR RECEIPT OF ORDER*

Item	Quantity	Size	Price	Total
SPRINGVIEW FALCON T-SHIRT (sizes Youth Small to Adult XL)			\$10	
ZIPPER HOODIE (sizes Youth Small to Adult XL)			\$25	
SPRINGVIEW COFFEE TUMBLER			\$7	
SPRINGVIEW UNIFORM PATCH			\$2	
SPRINGVIEW FALCON KEY CHAIN			\$1	
CAR LINE TAGS			\$3	
SPRINGVIEW FALCON CINCH BAGS			\$5	
NEW SPRINGVIEW HAIR BOWS Choose: Yellow/Green		Small/Large	\$6 or 2 for \$10	
DONATION				
Total				

Please return the completed form to your child's teacher or place in the PTA Drop Box located in the Main Office. Checks should be made payable to "Springview Elementary PTA".

FOR OFFICE USE ONLY

Date Received in Office: _____
 Payment Type: CASH CHECK#: _____
 Date Delivered: _____
 Processed by: _____