

2017/2018 Super Cool Shades Order Form



Name: _____

Grade: _____ Teacher's Name: _____ Student's HR #: _____

Parent/Guardian Email Address: _____

Phone #: _____ Date of Order: _____

Of Pairs Requested @ \$5 per pair: _____

Circle Payment Type:

Cash Check (check# _____)

Thank you so much for your continued support of the Bridgewater Music Program & its Students!