

Scrip Order Form

Date

Name: _____ # _____

Contact Phone # _____ or e-mail _____

Retailers Name	Amount of Card	# of Cards	Total \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTALS	_____	_____	_____

Check # _____

Scrip Orders can be picked up at Galaxy Gymnastics

Orders are placed Monday evening and should be available on Thursday.
Orders received after Monday night will be available the following week.

Please Indicate:
___ Send home with my child. ___ Hand directly to me